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# Developing the expertise of the social instructor in the comprehensive service centre.

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<p>The study aim was to map and identify the expertise of the social instructor in communal service housing settings by linking educational competences to practical implementations. The study was implemented qualitatively using survey, individual and group interviews. Participants comprised of (n=6) individuals from this professional group with experience for these specific settings.</p> <p>Study indicated that educational competences provided deep understanding and reasoning in various areas pertaining to various factors influencing wellbeing of elderly clients and the expertise of the social instructor is practicalized in practical work implementation. Educational competences were significant to the study as it uncovered possibilities for utilizing the expertise of the social instructor in these environments as part of elderly service provision processes.</p> <p>The expertise of the social instructor is extensively visible in methods of implementing work activities. Expertise reflected in the aspects of gerontological social work, multiprofessional collaboration, utilization of network of social service systems and service providers. Expertise was also evident in ethical reflections in client encounter and interactions particularly in clients with dementia and other memory related cognitive disorders.</p> <p>In this area, expertise is practically highlighted in client treatments, identification of social wellbeing influencers and processes implemented to support comprehensive wellbeing by emphasizing on social functional capacity as part of gerontological social work and also supporting other aspects of wellbeing by utilizing the expertise of the multiprofessional collaborations and networking with external service providers.</p> <p>The need for development was apparent that expertise should be highlighted in dementia work, multiprofessional teamwork collaborations, job responsibilities and the social rehabilitation process also paying attention to preparation procedures. Continuously changing and developing service process requires competence development particularly in knowledge of service systems and in interaction and encounter techniques. Competence development can be favorable through systematic networking and benchmarking processes.</p> <p>Multi competences can be further utilized in service processes in these settings in a manner that strengthens professional expertise for the benefit of developing comprehensive wellbeing and service quality.</p>	
Keywords	social instructor, gerontological social work, competence development, communal service housing, elderly care professional, soci- onom, professional expertise, comprehensive service centre

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## 1 Introduction

The Finnish society is aging fast. According to Helsingin Kaupunki ikääntyneet 2015, by 2020 every third person under municipal employment will be retiring from the workforce, which upsets the balance in the demand and supply of health care and social services. As the demand for these services increases, the Finnish society is faced with the dilemma of how to use the available human resource in the workforce to cater to all the citizens in need of service. In order to efficiently utilize the available human resources in providing services, there is need for continuous development of the available expertise to meet the ongoing rising service needs.

The outcome of an ageing society is also visible in the rise of the elderly population with multiple diseases that gradually impairs their ability to live independently in the home environments, hence the growth in the need for round-the-clock services and other service alternatives. The steady increase in providing care for this complex group of clients has brought about the development and use of self-maintenance techniques and an increase in documentation which in turn has effects on professional exigency. In other words, satisfying complex client needs requires a development in professional expertise. The greater the complexity of service need, the greater the need for developing the social skills and skills in understanding and managing care chain entities of the social and health care professionals. (ETENE-julkaisu: 35)

According to the Finnish public social- and health services organizational structure, the individual municipalities are mainly responsible for catering to the service needs of its residents and the main focus and strategy of the municipality's social- and health department is to promote quality of life and improve the wellbeing of its residents. In the public elderly care sector the social and health department organizes the service provision of the elderly citizens in accordance with the Social Welfare Act 17.9.1982/710.

Although the position of the social instructors has been functional in various social welfare and service provisions, the introduction of care level social instructors to the comprehensive service centre is fairly recent. The introduction of this professional group is intent on diversifying the service provided by the multiprofessional group of workers in elderly care. The know-how and contribution of the various professionals in these aspects of service provision aids in the improvement of overall wellbeing of the clients.

According to study performed by Honkavaara (2009:19) on multiprofessional collaboration and client participation of elderly home-rehabilitation clients, the basic role of the social workers and social instructors working in a multiprofessional team is still ambiguous. In situations such as this, this hinders the utilization of the expertise of specialized professionals. Honkavaara's study discovered that at that time ambiguity in basic tasks, deficiencies in dissemination of information and minimal client participation were the main hindrances to multi-professional team work. (Honkavaara 2009)

The process of becoming a professional is not just tied to the ability to comprehend theoretical knowledge but also to apply the acquired knowledge broadly in complex practical situations (Kostiainen 2009). The competence foresight conducted by the Social- and health department on social and health care education describes the need for competences in elderly nursing care professionals and service coordinators. The foresight emphasized the need for innovation competence, developing own professional skills, managing multiprofessionalism, teamwork and collaborations inside the service system; and the capabilities for implementing division of responsibilities based on changes in the working environment. (Sivonen et al. 2014)

According to competence foresight (2014:21) other competence needs that will arise in social- and health services include competences in- networking, IT and technological competences, multiculturalism and immigration, innovation, developing individual professional skills, managerial competences in various areas, and customer relationship management. (Sivonen et al. 2014) Some of the needed competences discussed in this foresight are available to the social welfare professionals from the educational degrees attained. But the detrimental issue is the inability to actualize these competences as a result of poor responsibility division in the working environment; hence the need to develop the collaboration between various professionals in elderly service provision.

The study conducted by Mikkola 2012 investigated the job description of field based elderly care professionals and its implementation in a municipal's service model for service provision in round-the-clock service centre for seniors identified that to an extent, the time and resources of the social instructors are diverted to the implementation of basic care tasks. Implementation of the job description included organizing and implementing target-oriented group activities amongst other tasks. However time for organizing and planning these activities were limited as a result of time spent on implementing basic caring tasks. (Mikkola 2012: 29-38)

These implementations constitutes to underutilization and wastage of resources and professional expertise. Based on the educational background of the social instructor, the competence of these professionals provides for a rather broad implementation of service dimensions that comprehensively and diversely influences the wellbeing of the service receivers. Hence the need to identify the competence of these professional group and develop these competences in actualization in such a way that the resource of the social instructors serves their purposes based on their educational and professional competences.

Numerous empirical studies have been conducted around the area of social work with areas including child welfare and social work, adult social but very few has been focused on gerontological social work (Ylinen 2008:23). However, these few studies on gerontological social work mostly consist of outpatient settings and elderly citizen in home care settings not necessarily in the comprehensive service centre. Lots of studies and projects has commenced on identifying expertise development areas and future competence needs in the social and health care sector. The main question however that remains unanswered is how to ensure the continuance and spread of learned skills (Kostiainen 2009).

This study was conducted qualitatively with the aim of identifying and mapping the professional expertise of the social instructors considered essential for working in the communal service housing settings of the comprehensive service centre to ensure that these resources are utilized to its full potential. Participants and study setting were chosen based on relevance to the subject of study and data was collected by implementing surveys, semi-structured group and individual interviews to resolve study objectives. Study participants and case setting was chosen based on relevance to the subject of study. Data collected from interviews was transcribed and analyzed based on themed content.

Mapping and identifying the competence of the social instructor, was based on linking these educational competences to practical implementation in specific settings. This thesis identified that educational competences provide a strong background for functioning in these settings and the expertise of the social instructor is shaped and developed from continuous implementation of competences in practical settings. Expertise of the social instructor is reflected in the process of gerontological social work, multiprofessional collaborations, utilization of social services and network of service providers, developing internal service processes and communality in work settings.

## 2 Theoretical background

### 2.1 Social- and health care services in Helsinki

The meaning of the abbreviation SOTE is “sosiaali- ja terveystoimisto” which literally translates in English to mean the social and health department. The SOTE department is a fairly new department in the capital city of Finland that commenced operation on the 1.1.2013 consisting of the merging of former individual departments of the health care and social services. The SOTE department offers services to about 10% of Finland’s entire population in the Helsinki region with basic activities aimed at ensuring and safeguarding the wellbeing, health, and social security of the service receivers while utilizing the resources, know-how and cooperation of the professionals of both the health care department and the social services department. (SOTE strategy plan: STM)

The basic task of this department is to ensure the wellbeing, health and social security of its residents. The strategy goals of the department aspires to promote health and wellbeing, bridge the gap between health and wellbeing, provide access to care and services, and ensure quality services for its residents whilst improving productivity. (SOTE Annual Report 2013:5) The SOTE strategy is considered relevant to this study because the services provided in the comprehensive service centre serves as a means for achieving these goals.

#### 2.1.1 The organizational structure of the comprehensive service centre: Helsinki model of elderly social service provision

Comprehensive service centre is a branch under one of the three service divisions of the Social- and Health department in Helsinki. The Comprehensive Service Centre is a Helsinki city unit that provides various social services for its particular group of clients in cooperation with various service providers. Client group include pensioners and unemployed individuals +-65years of age in accordance with the municipal responsibilities laid out in the Social Welfare Act. In this service provision unit, several services are provided on a round-the-clock basis and client intake stems from the placement process organized by the department also known as the SAS-process.

The services provided in the comprehensive service centre is in accordance with ageing policy alignment with the aim of supporting home living and enhancing the ability to live



at home by providing elderly clientele with housing options and an innovative model for communal housing.

The comprehensive service centre provides several network of services including, service centre activities, service housing, day activity unit that provides preventative services; rehabilitation and assessment of elderly with cognitive impairments for client recently discharged from hospital or clients in need of housing environment evaluation as a result of some kind of cognitive impairment; long term round-the-clock assisted sheltered housing for clients unable to live independently in their own home as a result of progressed cognitive impairments; service centre for pensioners or long term unemployed, short term communal living services as a support system for relieving family caregivers temporarily on an interval basis. Also a recent addition to the services provided by the comprehensive service centre includes social service guidance in the service centre unit. Services in the comprehensive service centre are provided in a multi-disciplinary work community.

#### 2.1.2 Multiprofessional team and job descriptions

Multi-professionalism refers to the methods and kinds of collaboration between diverse professionals, while teamwork between individuals with multiprofessional competences refers to combination of knowledge and skills for the benefit of the client. In other words, diverse professionals collaborating together in the same organization or surroundings for the same purposes can be referred to as multiprofessional team. Traits facilitating multi-professional teamwork include commitment, shouldering responsibility, openness, reliability, reciprocity, factors promoting teamwork, familiar teamwork directions, small locality, good time resources and division of tasks. (Honkavaara 2009:7-8)

The multiprofessional team of workers in the comprehensive service centre consist of the doctor, registered nurse, physiotherapist, occupational therapist, primary nurse, social instructor and in some cases social worker who jointly contribute their professional expertise for providing comprehensive client services according to their job descriptions.

The job description of the primary nurse in these settings involves being the case manager of the clients during the service process. Duties involves creating, implementing and evaluating the client's care- and service plan in collaboration with other professionals

in the multiprofessional team as well as the client and their relatives. Activities emphasized in the plan are focused on enhancing and supporting independent functional capacity of the clients whilst providing basic and nursing care in activities of daily living. Skills required for actualizing these duties include good relationship- and interactive skills, organizational skills, cooperative skills and flexibility. (Työ- ja elinkeinoministeriö 2015, Lähihoitajat)

The job description of the registered nurse includes gerontological care work implemented through activities intent on improving individual health, preventing sickness, assisting clients during abrupt and long term illnesses, supporting recovery in a homely environment and promoting rehabilitation and ability to function in daily routine activities as well as ensuring safety in the medication process. The registered nurse is also in charge of developing and maintaining the quality of care together with the care team. Skills essential for implementing the job activities of the registered nurse includes practical skills, stress tolerance skills, interactive skills and most particularly precision and diligence. (Työ- ja elinkeinoministeriö 2015, Sairaanhoitajat)

The physiotherapist and occupational therapist are part of the therapy team collaborating with the other professionals in the multiprofessional team. The job description of the physiotherapist consists of implementing activities that improves, enhances and sustains clients' mobility and functional ability by utilizing their available resources as well as resources available through the service system. The duties of the physiotherapist include utilizing therapeutic trainings, evaluation techniques and assistive devices to activate clients and provide for optimal mobility and functional capacity. (Työ- ja elinkeinoministeriö 2015, Fysioterapeutti)

The job description of the occupational therapist consists of supporting the clients in activities of daily living. Duties revolve around providing client-oriented approach to rehabilitation that supports independency in activities of daily living by utilizing and implementing various evaluation techniques and assistive devices. (Työ- ja elinkeinoministeriö 2015, Toimintaterapeutti)

The job description of the doctor as part of the multiprofessional team involves being responsible for the treatment plan of the client. Duties includes performing arrival and yearly checkups, providing diagnoses, handling medications, providing further examination referrals and dictums for social benefits. (Mäntynen 2012 :20)

The duties of the professionals in the multiprofessional teamwork are target-oriented and according to systematic planning which are in like manner jointly implemented, evaluated and restructured in a continuous cycle during the service process whilst collaborating with the clients, relatives and other service providers.

The duty of the multiprofessional team involves collaborating in the client process by integrating and efficiently utilizing their individual knowledge and skills in promoting and maintaining security and functional capacity of the client in the service process. (STM 2007)

According to Honkavaara (2009:8) the aim of multiprofessional teamwork is to guarantee client's wellbeing and quality of life and the key to multiprofessional teamwork is based on interaction between collaborating professionals; therefore with interactive teamwork as the main goal these professionals are able to clarify their professional skills according to their job description leading to the utilization of the various professional's competence areas. Hence there is need for developing of interactive skills of the professionals working in the social and health sector, in order to facilitate multiprofessional teamwork.

This study reviewed the professional expertise of one single professional in the multiprofessional team of the communal service housing units of the comprehensive service centre. Honkavaara's study (2009) identified that the expertise of the social instructors are vaguely recognized and this interferes with the collaboration of the multi-disciplinary team. As such, this study focused on mapping and identifying the expertise of the social instructors working as part of the multiprofessional team in gerontological social work. By mapping and identifying the expertise of the social instructors, we can strengthen the collaboration between them and other professionals in these settings resulting in the provision of a more comprehensive care services.

The social instructor belongs to a group of professionals recognized as the social welfare professionals. There are three different levels of social welfare professionals working under SOTE known as social workers, social instructors and practical nurses. These levels of classification of these professionals are based on diverse educational competences. The educational qualification of the social workers is based upon a university master's degree education; the qualification of the social instructors is based on a university of applied science bachelor's degree; while the qualification of the practical nurses is based on vocational school studies and secondary education. The qualification of the social welfare professionals are in accordance with the (272/2005: § 6) Finnish Act

on Qualification Requirements for Social Welfare Professionals. (Lähteinen 2005; Kurppa 2012:13)

According to the Finnish educational system, the professional studies that qualifies an individual to become a social instructor as part of the social welfare professionals is classified under the higher education Bachelor's degree from a University of Applied science in the field of Social services, Health and Sports. There are several professional degrees available under this field known as Bachelors of Social Services, Bachelors of Health Care, Bachelors of Social Services and Health Care, Bachelors of Beauty and Cosmetics and Bachelors of Sports Studies. Most of these degree programmes can be attained between the periods of 3½ to 4½ years and carries a study point scope of 210-270 European Credit Transfer and Accumulation System (ECTS).

## 2.2 The social instructor as a social welfare professional

The professional of focus in this study is the social instructor "sosiaaliohjaaja" in the communal service housing settings. The term "sosiaaliohjaaja" literally translates from Finnish to English language to mean "social instructor". The social instructor is a professional title being used to describe certain social welfare professionals. The introduction of the educational background leading to the professional title of a social instructor as one classification of social welfare professionals and their various professional positions was essential in this study as they were significant in mapping and identifying professional expertise.

### 2.2.1 The job description of the social Instructor

As the positions and areas of work of the social instructors vary, so does their job description. The study focuses on social instructors in communal service housing units of the comprehensive service centre and examines the implementation of expertise in line with their job description. In relation to this, other positions of the social instructors in the comprehensive service centre were excluded because of the differences in their job descriptions.

The qualification for the position of a social instructor in these settings requires a social- and health sector oriented Bachelor's degree education such as Socionom degree from

University of Applied Science or elderly care professional degree from a University of Applied Science as is in accordance with the Finnish Act 272/200 § 6.

The general job description of a care level social instructor includes

1. Nursing care planning, implementing and evaluation cooperation with client, relatives and co-operative partners:
  - Maintaining social skills and supporting mental and physical wellbeing
  - Participating in the implementation of medication care
2. Multiprofessional team work
3. Instrumental nursing care:
  - ADP: Automatic data processing/based documentation, preparation and cooperative negotiations
4. Developing the communality in the work community:
  - Planning and implementing of community activities
  - Planning and implementing of social activities
  - Increasing homely attributes and communality
 (See Appendix 3)

Performances in these areas guide the work of the social instructor in these units as part of gerontological social work. The study focused on identifying competence of the social instructor perceived to be essential whilst working in the communal service housing unit of the comprehensive service centre, competence implementation around the job description and further utilization of expertise.

### 2.2.2 Social Instructor: Educational qualification and competence areas

The educational degree that qualifies an individual to pursue a profession in the social service sector under the professional title of a social instructor is a Bachelors of Social Services or Bachelor's of Social Services and Health Care. The Bachelors of Services refers to the Socionom recognized in Finnish as "*Sosionomi*" while the Bachelors of Social Services and Health Care refers to the elderly care professional recognized in Finnish as "*Geronomi*".

"Competence refers the combination of information, skills and attitudes to form knowledge entirety. Competence means individual qualification, performance potential and ability to perform in profession related job" (Kurppa 2012:14) The proficiency of the

Socionom refers to professionals with skills in promoting wellbeing, preventing social exclusion and disadvantages of various client groups. The educational competence of the Socionom provides a practical approach to exploring client life situations as an entity and how they relate to several external factors. The proficiency of the elderly care professional on the other hand include professional competence that stretches from practical approaches to preventative methods of improving health, promoting wellbeing and preventing social exclusion through understanding and evaluating client life situations as an entity and providing services for a particular client group. ([www.studyinfo.fi](http://www.studyinfo.fi))

### **Competence of the Elderly care professional “Geronomi”**

The educational background of the elderly care professional provides competences in multiple areas including promotion of health, functional capacity and social participation of elderly citizens; client work in elderly services; dementia work; gerontechnological competences and ethical principles in elderly care; interaction in elderly care and services and cultural awareness; teaching and counselling skills and project work; multiprofessional collaboration in elderly care; organization and management in elderly care; research and development of elderly care; and societal competence in elderly care. (SEAMK) (See Appendix 2: 1-2)

### **Competence of the Socionom “Sosionomi”**

The educational background of the Socionom provides competences in six major categories including ethical competence in social work; competence in client work; competence in service systems; societal critical analysis and participation enhancement; reflective development management competence and competences in communal and societal influencing. (STM: Sarvimäki & Siltaniemi 2007:71-72) (See Appendix 2: 3-4)

#### **2.2.3 Diverse positions of the social instructor**

The educational competence of the social welfare professional enables the ability to practice in various positions pertaining to social welfare and services of diverse client groups in various aspects of service provision. The social instructor is able to work in social welfare units providing child and family services, elderly and disabled services, mental health services, adult social care services, substance abuse welfare services, probation, aftercare and immigrant services. ([www.ammattinetti.fi](http://www.ammattinetti.fi))

This thesis focuses on social instructors working in the elderly communal service housing units as a section of the comprehensive service centre. The work activities being performed by social instructors in this area is being referred to as gerontological social service work and in accordance with the Elderly Service Act 28.12.2012/80 Chapter 3 § 14 that emphasizes on sustaining the social interactive skills of the residents, ensuring elderly involvement in activities that promote wellbeing, health and function ability. ([www.finlex.fi](http://www.finlex.fi))

According to Chapter 2 §10, Chapter 3 §13, Chapter 4 §19 §20 of the Elderly Service Act, services should be provided with quality and intent on supporting and improving overall wellbeing and function ability. Social and health care services provided should be preventive and rehabilitative and with personnel that enforces quality services. In general the law enforces that services provided should be of a high quality standard, client oriented, and make provisions for developing work methods. ([www.finlex.fi](http://www.finlex.fi) )

### 2.3 Gerontological social work

According to SOCCA (2007: 89) Gerontological social work is an adjustment work that aims at strengthening functional capacity, wellbeing, social status and functions of the societal functionality of the elderly.

The development of gerontological social work evolved from the development of social gerontology theory and the combination of social work techniques; as social gerontology provided a gateway for understanding, supporting and catering to elderly needs in social and psychological aspects. In recent years, the focus of gerontological social work is edged towards providing quality services multidisciplinary and more professionally. As the elderly population in Finland grows, it becomes increasingly essential to understand how the expertise of gerontological social work fits into the service structure. (Ylinen 2008:58-59)

Gerontological social work is governed by ethical perspectives regarding the humanizing of elderly care and the approach to treating elderly as individual human beings and integral part of the society. These ethical perspectives are more visible in this area of service because the service users in question consists of individuals dependent on others. (Ylinen 2008: 55-56)

Social work as an area of service provision is being referred to in the Social Welfare Act Chapter 3 Section 18 to mean “guidance, counselling and investigation of social problems by professional social welfare staff and other support measures intended to maintain and promote the security of individuals and families, their ability to cope and the functionality of communities.”

<http://www.finlex.fi/en/laki/kaannokset/1982/en19820710.pdf>

Gerontological social work includes implementing social work for elderly clients. In other words, gerontological social work is social work that aims at helping and supporting the aging and elderly, providing connecting with them on an individual level and in their own surroundings with the intention of creating solutions to their problems and ensuring their overall wellbeing now and in the future as part of the society. (Ylinen 2008:21; Koskinen 2006:4) The purpose of gerontological social work is to strengthen the social functionality of the elderly which include socioeconomic, social, individual, psychological and cognitive factors that contribute to enhancing an individual's quality of life. (Liikanen & Kaisla 2007:5)

Despite the fact that gerontological social work has been around for quite a while, the work of the professionals that perform in this sector are still under-recognized and this factor has led to several development projects around this subject area with the intention of creating tools and providing information on how gerontological social work can be developed (Ylinen 2008:21). Due to the fact that gerontological social work is a developing sector of service provision, it is essential that professionals in this area are part of providing information around this subject based on their competence and experiences. (Ylinen 2008:92, Liikanen & Kaisla 2007:16)

Liikanen & Kaisla (2007:8-13) suggested several techniques that were developed in the Gero-project for gerontological social work; these techniques include case management, activity groups and creative techniques, reminiscence work as part of sociocultural elderly work, memoir, network-oriented techniques, mirror-reflective evaluation technique, preventive home visits and Gero- client information provision. These techniques are being implemented by social workers in the area of gerontological social work.

Liikanen & Kaisla 2007's study identified that availability of resources posed a hindrance to utilizing these techniques. However, in order to harness the full benefits of these techniques there is the need for implementation and continuous development. Liikanen & Kaisla 2007:16 proposed that withdrawing from usual work routine empowers the



achievement of the development intended by making room for the practicing of new techniques in order to achieve results.

Liikanen & Kaisla (2007:15) identified that local workers and social instructors are more profound in utilizing some of the gerontological social work techniques as a result of competences acquired from generic educational background. Gerontological social work is still considered a developing area that requires continuous interaction with professionals in this sector. This development takes place also by collecting systematic and documented information on implementation and effects of new and upcoming methods. (Liikanen & Kaisla 2007:15-16) The implementations of these techniques can be considered integral most especially for cognitively impaired elderly who are the clients in the communal service housing of the comprehensive centre for the purpose of positively influencing social functional capacity.

The approach of gerontological social work in recent times is more focused on providing solutions for the elderly by highlighting and recognizing their available resources in terms of individual persona, personal experience, life history and lifestyle. Benefiting from competence of professionals in gerontological social work and gerontological social service work on a municipal level requires development of general functional work models. (Koskinen 2006:1-7; 2006:10)

The social instructor is considered part of the multi-professionals implementing gerontological social work techniques in the field level of the social service settings. The role of the social instructor in gerontological social work is focused on utilizing professional expertise attained from educational competences in implementing practical social rehabilitation. The professional expertise of the social instructor is implemented by utilizing a rehabilitative work orientation model intent on sustaining functional capacity.

The duties of the social instructor in the communal service housing units of the comprehensive service centre are based on implementing gerontological social work techniques in social rehabilitation for the purposes of maintaining the social, mental and physical wellbeing of the service users by highlighting on their already available resources.

This study adapts educational competence and its practical implementations as a means of mapping and describing the professional expertise of the social instructor because

their educational competence provide a rather broad perspective of ensuring client well-being, and competence implementation builds a framework for developing functional work models.

## 2.4 Professional expertise

“Professional expertise in some field can be seen as constructed through discourses and interpretations of practice which are conducted among the practitioners themselves.” The understanding of knowledge leads to expertise development; knowledge in this sense refers to skills gained through theories and concepts and also through daily practical actualization of interactions, conversing, analyzing and reflecting on personal performance in practical situations. (Hytönen 2002: 39-40)

Expertise development is a long process that involves an integration of various elements of information types and the base of these elements comprises of declarative information, procedural information and hidden information. (Ylinen 2008: 47)

Understanding the concept of professional expertise is likened to “deliberative processing”. Processing knowledge that comprises of understanding the entity of the service providing organization combined with networking to developing professional creativity and intuitive capacity in problematic situations. Expertise entails the ability to create new and practical knowledge based on previous experience and knowledge. In other words, integrating knowledge based on educational competences and skills developed through practical experiences in the work field for actualization in creating new knowledge. Therefore, the concept of professional expertise refers to the actualization of using already available resources to address work challenges through continuous development. (Hytönen 2002: 39-40)

Professional expertise can be attained by actualizing educational knowledge and practical skills in understanding and providing solution to work challenges and also through continuous development of both theoretical knowledge and experience based skills.

## 2.5 Expertise development

Personnel play an integral role in the realization of organizational strategy, hence the necessity for the expertise of personnel to align with service strategy of the organization. As service demands/need changes or evolves, organization strategies shift as well to meet those demands; in like manner personnel expertise and competencies must evolve to meet the outlined strategies for meeting customer needs.

A philosophical approach to expertise development is by outlining competence foresights and aligning them to personnel expertise development based on service strategy. Human resource is considered essential in achieving organizational strategies, ensuring service quality and continuous organizational growth; hence the need for a proper practice of personnel management. Personnel management uses expertise development as a tool for providing organizations with personnel that align with organizational service strategies even in a constantly changing environment. In order for personnel management purpose to be fulfilled, the practice should be extended to understanding a broader picture of the business environment in relation to anticipating changes in expertise requirements, and how these changes affect the service provision and drives the implementation of competence foresights. (Kaartinen 2011)

Competence foresights provide a framework for understanding future competence needs; internal competence mapping identifies available competences and creates room for understanding the direction of expertise development in order to achieve service strategies in line with competence requirement needs. (Kaartinen 2011)

As at this point, the city of Helsinki is currently undergoing a reform in the service provision process of the Social and Health department. These changes are expected to have effect on organizational strategies; services systems are intended to be more integrated and client-oriented. Changes in organization and service systems will have effect on the competences that are required from personnel in these organizations. The key to achieving these competences needed in the future organization model of service provision is through understanding and developing personnel expertise.

According to the project conducted on forecasting the competences needed in municipal services, service provision in the municipalities will become more diverse and services will be provided through complex service processes. Hence there is need for competences in managing vast systems, implementation skills, interaction and networking competence, procurement competence and understanding people and customers. (Sivonen et al. 2014)

The secondary perspective of this study lay behind integrating the various professionals in the multiprofessional team through individual expertise development. The idea behind the concept of attaining professional expertise serves as a guideline for developing the comprehensiveness of services provided in the comprehensive service centre. When all collaborating parties working in these settings understand the essence of their individual contributions, they are able to develop their expertise accordingly, utilize those resources by channeling their professional expertise towards implementing comprehensive services.

Expertise development is essential not only for prospective personnel but also for existing personnel to ensure that personnel expertise match with organizations competence requirement in a constantly changing organization, expertise development is considered essential for driving quality and performance improvements. (Sivonen et al. 2014:47)

Expertise development for existing professional is viewed as a form of renewal and personal development that improves the ability to withstand and function at work in a constantly changing environment. Professionals are responsible for developing own competence in line with organizational needs and strategy in order to improve performance and sustain oneself in the labour force. However, challenges for the future demands that organizations improve on competence development practices that align personnel expertise with organization competence requirements. (Sivonen et al. 2014:47); (Kaartinen 2011:8)

“The development of professional expertise comprises of competences acquired from specified educational programmes. General educational programme based competencies constitutes general field of knowledge, however, the special characteristic of competencies varies depending on profession and job description. Therefore generic competence serves as a base for development in working life, collaboration and professionalism.” (ARENE 2010:6)

The thesis perspective aligns with ideas proposed in the competence management guide that view expertise development as a means of creating a learning organization where work culture is developed and aspires for continuous development through dialogue and respect of individual expertise (Kaartinen 2011).

The reasoning behind the development of expertise described in this chapter serves as the theoretical perspective of the study for developing the expertise of professional workers based on identifying the utilization and implementation of educational competences in specific job activities.

### **3 Aim and Objectives**

This thesis was aimed at identifying and describing the expertise of the social instructor in such a way that appropriately utilizes their knowledge potentials as social welfare professionals in providing comprehensive services in a comprehensive service centre for elderly.

The expertise of the social instructor in the comprehensive service centre environments is vaguely recognized. The various professions working together in the work community in these environments perceive the role of the social instructor differently which in most cases leads to misunderstandings and challenges in appropriating the resources and expertise of this professional group. (Honkavaara 2009)

This thesis maps out the expertise of the professional group in question based on individual competences attained from educational backgrounds; clarifies the misunderstandings and unifies the perceptions surrounding the expertise of the social instructor in the comprehensive service centre and in so doing optimizes the appropriate utilization of this expertise in service provision. Challenges associated with minimized expertise utilization are linked to personnel turnover and attributes to misappropriation of available resources.

Therefore, this thesis proposes that by mapping out the competencies considered essential to working in these settings and their practical implementations in line with the work organization service strategy the social instructors in the area of gerontological social service work are able to develop own skill on how to function in a multiprofessional work community and channel these expertise for the integral benefit of the service users.

According to Kaartinen's (2011) guide for competence management, a learning organization stems from proper orientation that is shared and transferred unto other workers upon retirement or work transfer. Therefore, the study aims that reports from the study

will provide the participating organization with orientation materials that can be utilized in the orientation training of current and future social instructors in these environments and also for unifying the perceptions of the other professional in these settings. This material can also be used as an informational based guideline for developing and enhancing the working process of social instructors working in similar settings.

### 3.1 Objectives

The objectives of the thesis include aiding in the understanding of the expertise of the social instructors in the communal service housing unit of the comprehensive service centre and utilize their experience to provide suggestions on how the expertise of the social instructor can be utilized in enriching the elderly service provision.

### 3.2 Research Questions

1. What are the expertise of the social instructor considered essential for performing professional duties in the comprehensive service centre and how are they actualized?
2. What conclusions can be made from identifying and describing the expertise of the social instructors in these settings?
3. How can the expertise of the social instructor in this social service setting be further utilized?

#### 4 Methodology and research process

This thesis was conducted qualitatively and data collection was implemented in three main stages. Data was collected through combination of methods including survey and semi structured interviews. Language data in this case involves collection of data by means of interviews, because this method of data collection involves discovering individual perceptions. The data used in the process of the thesis included working processes and job activities directly related to the subject of study.

This thesis ascertained the expertise of social instructors in a specific social service setting and provides suggestions on how their expertise can be further implemented to provide quality service in the elderly service provision process. In order to understand the expertise of the social instructors and its implementation in this setting, the thesis utilizes the educational competences attained from the educational background of social welfare professionals required to function as a social instructor. In other words, the development of professional expertise in this study stems from the educational competences of the Socionom “sosionomi” and the elderly care professional “geronomi”.

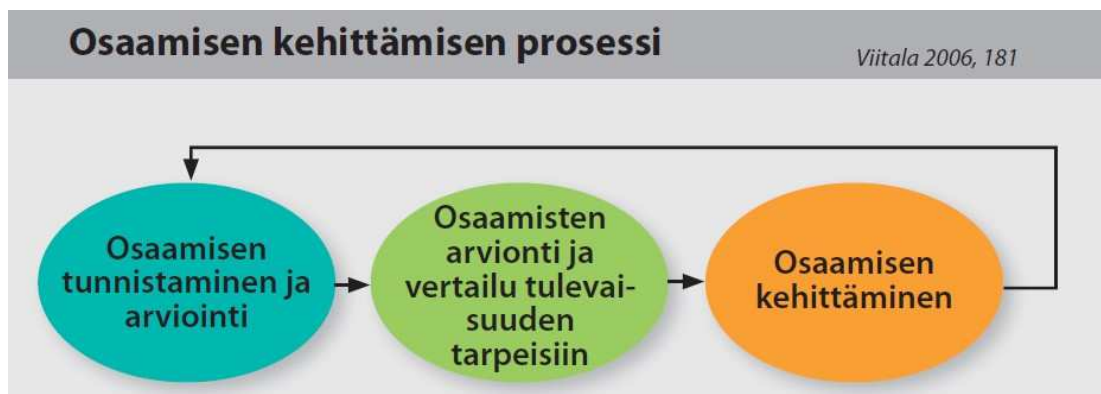


Figure 1: Competence development process (Kaartinen 2011)

The figure above shows the competence development process proposed by the guide to competence management. The idea behind the diagram proposes that competence development should be done in a three way process that starts by identifying and evaluating existing competences, then to comparing these competences with future competence needs and then unto development based on the lacking competences identified.

This study follows a quite similar process as shown in figure 1. The process adapted by this thesis serves as a framework to the competence development process suggested by Kaartinen 2011 in that this thesis is based on mapping available expertise through

prior educational competence and aligning them to implementations in line with organizational strategy and by so doing develop the expertise of the social instructors in communal service housing units of the comprehensive service centre.

This thesis was conducted in a Helsinki city owned comprehensive service centre where services provided by the setting in question includes both short term and long term care services for different categories of service users. Services provided include; day activity centre for elderly living in their own homes, interval care for elderly, rehabilitation and assessment for elderly, inpatient service for the elderly 65years and above, outpatient service and social service guidance for retired seniors and long term unemployed, and communal service housing for elderly with impaired cognitive functions.

The settings of focus for this thesis was on the communal service housing units which provides 24hr care services for client unable to function independently and safely in their own home environment as a result of memory disorders and other cognitive related illnesses. Services are provided in a communal environment and intent on enhancing quality of life by supporting and maintaining comprehensive functional capacity.

The case setting for this thesis was chosen based on the practical implementation of the expertise of the social instructors to the service provision process. The centre focus of the thesis was on identifying and describing the expertise of the social instructors in the communal service housing units as they are a fairly recent addition to the service provision process in these settings for the general purposes of enriching and diversifying service provision.

Study participants were included based on the job description currently being used by the social instructors in communal service housing of the comprehensive service centre. Although there are other social instructors with various functions in the comprehensive service centre, the study participants include only social instructors in the communal service housing units excluding others resulting from the differences in their job descriptions. The study identified competences perceived as essential whilst working in this study setting and their implementation according to job description.

The first stage of the data collection was through competence mapping which was implemented using an online survey (n=6). Competence mapping was used as a tool for identifying the individual perceptions of the competences this particular professional group considers essential for service provision in the intended work setting.



As competence mapping is based on educational competence of the “Sosionomi” and the “Geronomi”, participants were requested to complete online surveys based on their personal educational background.

”Sosionomi”: <https://elomake.metropolia.fi/lomakkeet/12549/lomake.html>

”Geronomi”: <https://elomake.metropolia.fi/lomakkeet/11219/lomake.html>

The second stage of data collection was implemented through individual interviews. Interviews were conducted based on the result of the survey. The aim of this phase of data collection was to understand the practical implementation of the competences identified in the surveys in the job activities of the professional group. Whilst the final method of data collection was implemented through group interviews. This final stage of the data collection was in form of an interactive interview focused on discussing ideas for competence development and utilizing expertise.

Individual audio-recorded interviews were conducted on (n=5) participants lasting approximately 90 minutes. A participant was unavailable for the individual interview. The final data collection stage featured 4 of the 5 participants from the individual interview in an interactive discussion forum focusing on providing ideas and suggestion for the development and implementation of professional expertise based on the analysis from the individual interviews.

As a result of the subject matter of this study and the methods of data collection, the study includes language information gathered from individuals with relative practical experience on the subject matter. Participation in the study was voluntary and information attained from participants was handled, relayed, processed and reported anonymously and confidentially to protect participant privacy. Participant anonymity was maintained throughout the study process in accordance with the Finnish Personal Data Act.

The study was implemented in a 6month period, starting from January up till July 2015 beginning with the research permit application. Written participants consent were requested through electronic forms and competence mapping was implemented using online surveys. Study participants were availed of the opportunity to withdraw participation at any time during the study process. The concluding process of the thesis included transcribing and analyzing of data for the thesis report.

Data from the surveys was utilized in the interviews based on what areas were considered essential in their already divided themes (See appendix 3 & 4). Interviews were conducted virtually and transcribed by writing out the data from the tapes word for word before grouping them into themes based on similarities. Only data directly related to the study was included in the report.

## 5 Results

### 5.1 Social Instructor: fundamental competences in communal service housing settings

Study participants were requested to rate subsections of competence areas according to their perceived degree of importance for functioning as social instructors in the study settings depending on the participants' educational background. The subsections of competence areas were rated on a numbering scale of 1 to 3 depending on individual perception of importance. According to the rating scale, number 1 is considered to be competence subsections of high importance, number 2 is considered to be competence subsections of medium importance and number 3 is considered to be competence subsections with the low importance for functioning as social instructors in the communal housing units of the study setting.

Participants comprised of individuals with educational qualifications as both Socionom and elderly care professional. The participants all had individual post graduate working experience ranging from 2 - 5 years. As a result of the varying educational qualifications of the professionals required to function as social instructors, the survey also comprised of competence areas from the various educational qualifications. Hence the survey analysis is derived from both the perspective of the Socionom and the elderly care professional according to their areas of competence.

#### 5.1.1 The Socionom perspective of competence subsections

3 of the entire 6 study participants had educational qualification of a Socionom. Therefore this subchapter is comprised from analyzing the competence mapping survey responses of the 3 study participants with educational qualification of a Socionom. This analysis is portrayed based on the participants' hierarchical rating of the various subsections in the 6 competence areas.

#### **Ethical competences in social work**

All three participants regarded Subsection 1: *Has adopted the values and ethical principles of the field and is committed to implement them in practice* a highly important competence to the Socionom in this area of work. Competence subsection 2 that refers to the Socionom's *capability of ethical reflection required in professions within social services* was perceived by 2 participants to be highly important to the work of a Socionom

in this area of work. Subsection 3 which includes the *ability to take the clients' individual needs into consideration and to work in situations which involve conflicting values* was perceived by 2 of 3 participants to be highly important while the 3<sup>rd</sup> participant considered it to be of medium importance. This last subsection of the ethical competence pertaining to *promoting equality and tolerance, and striving to prevent marginalization at social, community and individual level* as part of ethical competence was regarded by 2 participants to be highly important while the 3<sup>rd</sup> participant valued it to be of low importance.

### **Competence in client work**

All 3 participants perceived Subsection 1 which includes the *capability of creating an interactive professional relationship with clients that supports client participation* to be a highly important competence to the Socionom in the area of work being studied. Subsection 2. *Understands the clients' needs and resources in a particular context* was considered by 2 participants to be highly important while the 3<sup>rd</sup> participant rated it to be of medium importance. Subsection 3. *Is capable of implementing a variety of theoretical approaches and working methods in an appropriate way and to assess their success* was valued by 2 of 3 participants to be of both high and medium importance respectively. The last subsection of the competence in client work that refers to the *ability to support and guide individuals and groups of clients in their daily activities in a goal-oriented way taking into consideration different stages of growth and development and personal contexts* was rated by the 3 participants to be of high, medium and low importance respectively.

### **Competence in social service systems**

Subsection 1. consisting of *knowledge of the service systems and relevant legislations supporting well-being and social security* was considered by 2 participants to be of high importance while the 3<sup>rd</sup> participant rated it to be of medium importance the Socionom in this area of work. Subsection 2 which includes the *ability to perceive changes in the services and to participate in their development comprehensively* was considered by 2 participants to be of medium importance to the work of the Socionom in this area of work while the 3<sup>rd</sup> participant rated it to be of low importance. Subsection 3. *Ability to select appropriate services to support clients in various life circumstances and can function in multidisciplinary networks and is competent in case management* was considered to be of high importance by 2 of the participants, while the 3<sup>rd</sup> rated it to be of medium importance.

### **Societal analytic skills**

All 3 participants considered Subsection 1 which includes understanding the relationship between an individual and society and having the ability to approach and analyze it from a variety of theoretical perspectives to be of low importance to the Socionom in this area of work. Subsection 2 which refers to *knowing the connection between the prerequisites for functioning socially and decision-making in society* was rated by all participants to be of high, medium and low importance respectively. A participant rated Subsection 3 which is the *ability to analyze social problems within the social-structural framework* to be of medium importance while the other 2 participants rated it to be of low importance to the area of work in question.

### **Reflective development and management competence**

2 participants perceived Subsection 1. *Has adopted a reflective and explorative approach to work* to be of both medium and low importance respectively. Subsection 2 of the reflective development and management competence refers to *the ability to evaluate the theoretical starting points for his/her actions and as required implement alternative reasoning and approaches*. This subsection was rated by 2 participants to be of medium importance while the 3<sup>rd</sup> participant rated it to be of low importance. 2 participants rated Subsection 3. *Has evidence-based theoretical knowledge and he/she is able to produce new knowledge* to be of medium importance to the Socionom in this working area. Subsection 4 of this competence area which includes *the ability to work as a manager with initiative and as an active member of the work community* was regarded by 2 participants to be of both high and medium importance respectively. The last subsection of this competence area refers to the *ability to develop and lead experts in social work, work communities and services in cooperation with a multidisciplinary group* was considered by 2 of 3 participants to be highly important to the Socionom in this area of work, while the 3<sup>rd</sup> participant rated it to be of low importance.

### **Communal competence and societal participation enhancement**

Subsection 1. *Understands the functional principles and cultures of communities and is also able she is able to cooperate with concerned parties to strengthen and create community spirit and participation* was considered by 2 participants to be of both high and medium importance respectively. 2 participants regarded Subsection 2 which is the *ability to function in various civic and authoritative network and create them* to be of high importance to the area of work while the 3<sup>rd</sup> participant rated it to be of medium importance. All 3 participants unanimously rated Subsection 3. *Ability to participate in societal debate on values and to influence decision-making in cooperation with clients and*

*other actors* to be of low importance to the area of work in question. Subsection 4 of this competence area refers to being able *to identify structures producing inequality and is able to act so as to deconstruct them* was rated by all 3 participants to be of medium importance to the area of work in question.

#### 5.1.2 The elderly care professional's perspective of competence subsections

3 of the entire 6 study participants had educational qualification of an elderly care professional. Therefore this subchapter is comprised from analyzing the competence mapping survey responses of the 3 study participants with educational qualification of an elderly care professional. This analysis is portrayed based on the participants' hierarchical rating of the various subsections in the 13 competence areas.

#### **Promotion of health, functional capacity and social participation of elderly citizens**

2 of 3 participants considered subsection 1 to be of high importance in that *elderly care professionals have competences to analyze and support elderly wellbeing, functional capacity, and social participation throughout the ageing process*. However, 1 of the 3 participants rated this subsection to be of low importance to the professional in this area of work. *Subsection 2 of this competence area which refers to the ability to anticipate and prevent social exclusion and dysfunction* was rated by 2 of 3 participants to be of medium importance to functioning as a social instructor in these settings while the 3rd participant perceived it to be of low importance. 2 of 3 participants rated Subsection 3 which portrays the *ability to promote the achievement of the health and wellbeing targets of elderly citizens, their families and the community* to be of medium importance to functioning as a social instructor in these settings while the 3rd participant perceived it to be of low importance.

#### **Competences in client work**

*Subsection 1 of the competence in client work which consists of having basic skills in preventive, curative and rehabilitative elderly care* was rated by 1 of 3 participants to be of high importance while the other 2 considered this subsection to be of low importance. 2 of 3 participants rated Subsection 2. *Knows how to integrate and apply gerontological and geriatric knowledge in the service process as well as knowledge and interventions used in the health and social sector* to be of medium importance. Subsection 3 of this competence area which involves the *ability to establish a target-oriented helping and*

*caring relationship with the elderly clients and their families with the specific aim of promoting the clients' functional capacity and independence* was considered by all 3 participants to be of high importance, medium importance and low importance respectively. Subsection 4 of the competence in client work which refers to *knowing how to assess the coping and functional capacity of elderly clients and how to plan and implement services for chronically sick and socially disadvantaged elderly people* was rated by 1 of the 3 participants to be highly important, while the other 2 considered this subsection to be of medium importance. 2 of the 3 participants considered Subsection 5. *Is familiar with the special problems in elderly clients' medication care and can participate in medication care in compliance with the unit's medication care plan and its comprising permits outlined areas* to be both of high and medium importance respectively. Subsection 6 of the competence in client work which includes the *ability to assess service needs and how to provide and develop individual service pathways and support networks to promote elderly clients' health, functional capacity and social participation* was considered by 2 of 3 participants to be both of high and low importance respectively. The last subsection of this competence area which involves the *ability to function as an elderly care service entrepreneur* was perceived by 2 of 3 participants to have both high importance and low importance respectively in the area of work in question.

### **Dementia work**

Subsection 1 which refers to *having know-how in the outreach activities and prevention of dementia illnesses* was considered by 2 of 3 participants to be of both high and medium importance to the work of the social instructor in the area of study. 2 participants rated Subsection 2. *Knows how to plan and provide services for demented clients to facilitate their living at home and to support their families* to be both of high and low importance to the elderly care professional in the area of work in question. All 3 participants perceived Subsection 3. *can plan and develop the care of demented elderly clients in dementia units* to be of high, medium and low importance respectively. Subsection 4. *Knows how to apply creativity and activating methods in the rehabilitative care of demented clients* was perceived by 2 of 3 participants to be of high importance while the 3<sup>rd</sup> participant rated this subsection to be of low importance. The last subsection of the competence in dementia work which referred to the *ability to assess the quality of dementia care and services* was perceived by 2 of 3 participants to be both of high and medium importance respectively.

### **Gerontechnology**

Subsection 1 of the gerontechnology competence covers the *ability to assess elderly clients' need for assistive aids in daily activities and is able to direct the clients in their use* and was perceived by all 3 participants to be of high, medium and low importance respectively. 2 of 3 participants considered *subsection 2. Knows how to assess the functionality of elderly clients' living environment and discover the needs for technical equipment* to be of medium importance while the 3<sup>rd</sup> participant considered it to be of low importance. The last gerontechnological competence subsection covers the *ability to utilize information technology and gerontechnology* and this was perceived by all 3 participants to be of high, medium and low importance respectively.

### **Ethical competence in elderly care**

2 of 3 participants perceived *subsection 1. respects the uniqueness of elderly clients and co-actors as individuals possessing individually developable resources* to be highly important to elderly care professional in this area of work, however, the 3<sup>rd</sup> participant considered it to be of low importance. Subsection 2 of this competence area which refers to the *ability to evaluate and reflect on their own activity based on elderly care value foundations and also seeks to retain his/her own ethical sensitivity* was valued by the participants to be of high, medium and low importance respectively. 2 participants regarded *subsection 3. Is aware of the ethical problems entailed by gerontechnological developments and his/her responsibility in their reduction* to be of medium importance to the elderly care professional in this work area. *Subsection 4. Wants to ensure that the rights and chances of elderly clients and their families are guaranteed as defined by norms and official guidelines* was being valued by the 3 participants to be of high, medium and low importance respectively. A participant regarded *Subsection 5. Appreciates collegiality and multi-professional functionality* to be highly important to the elderly care professional in this field of work while the other 2 participants considered it to be of low importance.

### **Interaction and encounter in elderly care services**

Subsection 1 of this competence area which refers to the *ability to establish a helping and caring relationship based on listening and interaction with the elderly client* was valued by the 3 participants to be of high, medium and low importance respectively. A participant considered *Subsection 2. Is aware of the otherness of fellow human beings and is capable of an accepting, dialogic and reflective interaction* to be highly important to the work of the elderly care professional in this area of work whilst the other 2 participants considered it to be of low importance. 2 of 3 participants rated *Subsection 3. Knows how to function interactively with elderly clients of varying health and functional capacity and*



*with their families* to be highly important in this area of work, while the 3<sup>rd</sup> participant this subsection to be of low importance.

### **Cultural awareness competence in elderly care work**

Subsection 1 of the cultural awareness competence which depicts *awareness of the clients' cultural commitments and mastering applicable service process that supports the clients' cultural identity and living circumstances* was considered by a participant to be a highly important competence relevant to the elderly care professional in this work area, while the other 2 participants regarded it to be of medium importance. 2 participants considered Subsection 2. *Knows how to analyze the organizational culture in elderly communities and service units and practice it in ways that enhance client wellbeing* be of medium importance. 2 participants regarded Subsection 3. *Familiarity with the language and work culture in the health and social sector and ability to work with flexibility in various areas of elderly care* to be of medium importance while the 3<sup>rd</sup> participant rated it to be of low importance. The last subsection of the cultural awareness competence which depicts the *ability to constantly develop his/her own cultural awareness* was considered by 2 participants to be of medium importance while the 3<sup>rd</sup> participant rated it to be of low importance.

### **Counselling and teaching competences in elderly care work**

Subsection 1 of this competence area which involves *Motivating and supporting the self-direction of elderly clients, supervising elderly clients and groups individually and according to pre-set aims* was considered by 2 participants considered to be highly important while the 3<sup>rd</sup> participant rated it to be of low importance. All 3 participants rated Subsection 2. *Has basic knowledge for counselling and teaching adults and aged clients* to be of high, medium and low importance respectively. 1 participant considered Subsection 3 *ability to implement counselling and teaching activities comprehensively as part of developing elderly care work* to be of medium importance while the other 2 participants rated it to be of low importance.

### **Project work**

The first subsection of this competence area which depicts the *ability to identify practical development needs in the practice of elderly care and to launch them into carefully defined and feasible projects* was considered by 2 participants to be highly important while the 3<sup>rd</sup> participant rated it to be of medium importance. 2 participants rated subsection 2 *with regards to familiarity with elderly care funding sources and knowledge on how to utilize them to develop elderly care* to be of medium importance. Subsection 3. *Knows*

*how to work responsibly in various roles and in various stages of elderly care projects whilst utilizing collaboration networks* was regarded by a participant to be highly important to the area of work in question while the other 2 participants rated it to be of medium importance. This last subsection of the project work competence depicts *knowledge on how to evaluate the implementation of projects and to report on their findings and applicability* was rated by a participant to be of medium importance while the other 2 participants considered it to be of low importance.

### **Multiprofessional collaboration and its enhancement in elderly care work**

The first subsection of this competence area which includes the *ability to bring about collective use of multi-disciplinary competence in elderly care* was considered by a participant to be highly important in the area of work in question while the other 2 participants considered it to be of low importance. All participants rated *Subsection 2. Can utilize multi-professional and community-oriented work approach gained from educational qualification* to be of high, medium and low importance respectively. The last subsection of this competence area which refers to the *ability to function in multi-professional teams with responsibility and collegiality while appreciating and developing shared expertise* was valued by 2 of the 3 participant to be of high importance, however the 3rd participant considered this competence to be of low importance in this area of work.

### **Organization and management of elderly services**

*Subsection 1 of this competence area which depicts knowledge on how to organize, supervise, manage and develop elderly care services in the public, private and third sector* was rated by 2 participants to be of high and low importance respectively. 2 participants considered *Subsection 2. When working in management, promotes the work community's awareness of the primary functions and future developments of elderly care* to be both of high and medium importance respectively. The third subsection of this competence area includes the *ability to set well-defined aims and prioritize in organizing, supervising, managing and developing duties and also motivate staff to achieve these aims* and was rated by a participant to be of highly important in this working area while the other 2 participants perceived it to be of medium importance. *Subsection 4. Contributes to the promotion of a positive working atmosphere* was rated by 2 participants to be of high importance while the 3<sup>rd</sup> participant rated it to be of medium importance. 2 participants considered *subsection 5. The ability to guide elderly care unit's staff towards collaboration, growth, change, and also promotes the sharing of expertise in elderly care service networks* to be of both high and medium importance respectively. *The last sub-*

*section of this competence area which refers to knowledge on how to apply central quality management tools in the development of elderly care services* was perceived by all participants to be of high, medium and low importance respectively.

### **Research and development of elderly care**

The first subsection of this competence area *which involves applying multi-disciplinary and prior work experience based knowledge in the development of elderly care* was perceived by all 3 participants to be of high, medium and low importance respectively. *Subsection 2. Competence in the development of elderly care work* is being considered by 1 participant to be of high importance in the area of work under study. 2 participants perceived *Subsection 3. Knowledge on how to develop evidence-based practice and also apply client and organization oriented approach in developmental work* to be highly important to this area of work, while the 3<sup>rd</sup> participant considered it to be of medium importance. Subsection 4 of this competence area *surrounds the awareness of the potential of multi-professional collaboration and networking in the production of knowledge and in the development of elderly care and* was perceived by 2 participants to be of high importance while the 3<sup>rd</sup> participant considered it to be of medium importance.

### **Societal competences in elderly care**

This subsection which refers to *being aware of her or his responsibility in the creation of a positive view of elderly people and seeks to promote positive elderly policy* was considered by 2 participants to be of both high and low importance respectively. *Subsection 2. Familiarity with the structures and service delivery systems in society and knowledge on influencing them* was rated by 2 participants to be of both high and medium importance to the work of the professional in the area of study. 2 participants considered *Subsection 3: familiarity with the central acts, decrees, elderly policy programmes and labour regulations* to be highly important to the work of elderly care professional in the area of work under study, while the 3<sup>rd</sup> participant rated it to be of low importance. 2 participants rated *Subsection 4. which refers to the ability to participate in municipal elderly political strategy work as an elderly care professional* to be of highly important to the area of work under study. *Subsection 5 of this competence area which deals with identifying and actively monitoring local, national and global phenomena and processes, which may influence elderly citizens' position and the conditions of elderly care in society* was regarded by a participant regarded this competence to be highly important in this area of work, while the other 2 participants rated it to be of medium importance. The last subsection in this competence area *depicting contributing to public debate on the life*

*quality and services provided for elderly citizens and seeking to develop the service provision* was considered by all 3 participants to be of high, medium and low importance respectively.

Almost all competence area and subsections were regarded as relevant to function as a social instructor in the communal housing settings of the comprehensive service centre. Despite this, the hierarchical rating from highly important to low importance varied somewhat between the participants. As can be seen in the analysis above, some perceptions were quite unanimous amongst the subsections, however, there were quite many variations as to which competence subsections were considered to be of either high, medium or low importance.

## 5.2 Social instructor: professional expertise

The thesis focuses on mapping and identifying the expertise of the social instructor in communal service housing settings. In order to understand the expertise of the social instructor in these settings, (n=5) individual interviews were conducted on professionals with required educational backgrounds and experience working in communal housing settings.

### 5.2.1 Gerontological social work: Social skills, mental and physical wellbeing

The expertise of the social instructor in these settings was reflected in how the professionals gather necessary information, utilizes and combines competence to develop experience whilst performing job activities. In the service process, social instructors are involved in the client care planning, implementing and evaluation in cooperation with the client, relatives and co-operative partners. They focus on comprehensively influencing client overall situation by identifying, maintaining and supporting client social, mental and physical wellbeing as an entity.

The knowledge of physical, social and psychological changes to the human body in the aging process combined with the knowledge of services systems fuels the comprehensive assessment of client needs which is essential to creating, implementing and evaluating the health and service plan. Expertise in gerontology provides a deeper understanding in viewing the client and their situation as a complete entity understanding that there are various underlying factors influencing certain behavioral changes and focus on

relating with the clients on a personal level in a goal-oriented caring interrelationship based on inclusion, acceptance and participation with minimal focus on medical diagnosis and illnesses.

*“pystyy tavallaan näkemään sit sen kokonaisesti jättämään ne sairaudet ja vammat ja lääkeasiat vähän sivunmalle ja keskittymään niihin ihmisen muihin asioihin”*

The social instructor understands the importance of functional activities to client overall wellbeing. In order to maintain social skills, support mental and physical wellbeing they organize and implement activities utilizing empirically proven methods to induce stimulatory and rehabilitative values on client's physical, social and psychosocial wellbeing. The social instructors exert expertise in tailoring activities to meet with client's cognitive and functional abilities. This process involves assessing clients' individual needs, aspirations, and functional capacity; uncovering personal strengths, resources, remnant capabilities, service availabilities, positive influences and interest and utilizing them as innovative tools to enhance wellbeing comprehensively. In the process of supporting wellbeing, clients are motivated and guided to function independently according to their individual functional capacities in all aspects of the service process.

Clients in these settings consist of individuals with various forms of dementia and other cognitive disorders. Social instructors understand underlying issues to be considered when encountering and functioning with these group of clients. Competence in dementia and other memory related disorders provides a stable background for encountering and interacting with clients in these settings, however expertise is developed mostly from practical implementations. They emphasize the need for encountering and interacting with clients on a human to human level in an attentive, communicative and trusting care relationship; and utilize innovative and creative techniques in the absence of verbal communication.

*”Pitää saada aikaan tasapuolinen kuunteleva ja hyvähoitosuhde tavallaan se että siinä tulisi jokainen osapuoli kuulluksi”*

### **Social and mental well-being**

The goal in this area is to provide clients with social interaction, improve social skills and enhance mental wellbeing. Clients are provided with equal opportunities to participate in

comprehensive activities according to individual abilities and personal interests. The social instructor understands clients need for participation and involvement, and utilizes expertise in organizing and implementing diverse creative social and functional activities that provide clients with feelings of happiness, togetherness, usefulness and belonging. Activities are implemented with simplicity that encourages other care professionals to adapt and utilize similar methods in engaging clients in like activities. Activities include engaging client in basic household and leisure activities such as baking, cooking, hand-crafts, music panels, memory games, interactive forums and other themed activities.

*“Pyrin tarjoamaan monipuolista arkea, semmonen monipuolisuus, viihtyvyys ja kuunteleminen”*

In order to encourage social participation and develop communality amongst clients in the same residence, they engage clients in cultural activities of mutual interests such as opera visits, pensioner events, musical events, museum tours and other cultural experiences and sightseeing tours.

### **Social rehabilitation: Case management**

An imperative aspect of the implementation of the expertise of the social instructor in the communal service housing settings is for the purpose of focusing on developing social rehabilitation as a means of improving clients' social wellbeing. Expertise is visible in the combination of expertise for implementing the social rehabilitation process through case management.

The social rehabilitation process consists of comprehensive assessment and evaluation of factors influencing clients' social and mental participation such as psychosocial behaviors and functional capacity, financial influences and social networks. This process is succeeded by identifying client's strengths and challenges, service needs and resources for use in a strategic and goal-oriented plan to be implemented for developing social wellbeing in the identified areas. In other words, the expertise of the social instructor is evident in their understanding of how these specific underlying factors contribute to social wellbeing and their ability to identify those factors through a thorough assessment of client social situation and come up with individually based strategic goal oriented plan, implement plans and evaluate outcomes in a continuous process.

*"Sillä tavalla että osaa tehdä semmosen suunnitelman asiakkaalle mikä on niinku hänen näköinen, mikä on hänen tarpeidensa ja hänen voimavarojensa yhteensumma tai semmonen eli yrittää huomioida ne asiakkaan voimavarat ja sitten ne mitkä saattaa vaikeuttaa sitä työskentely ja sitten vielä ne mieltymyksen että mistä tämä asiakas pitäisi tai mikä hänen toive on millä tavalla se asia hoidetaisi"*

As part of the social rehabilitation process, expertise is utilized in creating and developing creative techniques to support social functional capacity which are implemented in goal-oriented open/closed group and individual activities according to clients' individual interests and abilities in collaboration with other professionals, clients, family members and in some cases utilizing the services of external service providers.

Expertise in assessing and understanding client's functional and cognitive abilities is essential in implementing goal-oriented activities for clients. This expertise is utilized in assorting clients into functional groups depending on their level of cognitive functioning to ensure that group activities are in line with client's abilities and are profitable to client needs. Activities are intended to have rehabilitative effects on motoric functions, social participation, social inclusion and interactive abilities. Creative techniques implemented in this process includes music therapy, pet-assisted therapy, reminiscence groups, sensory activity groups, brain exercises, interactive and literary groups, child visitation and other therapeutic outings.

*"oli tavoitteellinen ryhmä missä jokaiselle asiakalle mietittiin niitä tavoitetta miksi se on ryhmässä ja hyötyiskö se siitä ja sitten jokaselle kerralle asetettiin tavoite että minkä takia joku harjoitus tehdään mietittiin tärkeää että mitä se kehittää tavallaan tehtiin tän terapeutin kanssa silloin tosi paljon yhteistyötä mietimällä että milläsiä harjoituksia olisi sellaiset että ne tavallaan hyödyntäisi sitä asiakasta parhaiten sitten mietittiin miten me saadaan sitä toteutettua"*

*"oli muistisairaalle kuntotutus ryhmä terapeutin kanssa jossa harjoiteltiin kaikenlaisia toimintoja niinkun esimerkkiksi hienomotorisia harjoituksia tai sitten jotain liikunnallisia harjoituksia, muistelua; sen lisäksi siinä oli myös tämmöistä niinku toiminnallista harjoitusta ja fyysistäkin kuntoutusta"*

### **Physical wellbeing**

Work activities are implemented from a preventative and sustenance perspective in that the social instructors recognizes the client's own individual resources, strives to sustain

them as long as possible by utilizing them in all aspect of the service process. Clients are availed of the opportunity to perform activities independently as much as their functional capacity permits in activities of daily living which aids in preserving and prolonging physical functional capacity. Practical implementation is focused on engaging clients in balance and stability enhancing activities.

The social instructor particularly individuals with qualification as elderly care professionals acknowledged gerontechnological competences as a skill that develops expertise in recognizing possibilities for utilizing technological solutions to improving client wellbeing and independency. Expertise in this area involves ability to assess the need and usability of various technological solutions and assistive devices in practical settings of home environment whilst ensuring the safety of the clients and safeguarding their privacy. Social instructors in these settings are aware of the assistive device procurement procedures and are often involved in accompanying clients to procure these devices and guiding them in their use. Other practical implementation of technological solutions in the work of the social instructor in these settings is visible in the use of technical devices in group activities.

### **Counseling**

The work of the social instructor in this setting embodies the implementation of guidance and counselling in and throughout the service provision process. Counseling expertise is exigent to the work of the social instructor. Practical implementation of guidance reflects in ensuring, motivating and supporting clients to utilize their own abilities and available resources in all aspects of the service process.

*“se että antaa mahdollisuuden sille asiakalle tehdä mahdollisimman paljon itse niiden asioita mitä hän hallitsee vaan ohjata ei tehdä puolesta”*

*” se oli käytännössä kaikkea tuotta pääasiassa asiakkaiden kanssa toimitiin ohjaamalla”*

### **Family counseling**

Clients in the case settings consist of individuals with various memory related cognitive disorders and the effect of these disorders in most cases prove rather challenging for the family experiencing them. The effect of the illnesses transforms and creates an imbalance in the family relationship between the client and the family members. Social instructors guides the relatives in understanding and processing the changes taking place in the client and encourages continuation and participating in client life as a normal family



relationship. In other words, the social instructor partially serves as a middle man between the relatives and the client by exhibiting understanding and attentiveness towards the relatives; assuages worries and fears where necessary, assists and guides them throughout the service process. Practical expertise implementation includes introducing and transitioning clients and their family members through to the organizational culture, providing information on available services and benefits, and ensuring that the family members act in accordance with client's best interest.

### **Colleague counseling**

The social instructor provides a different perspective to the service process in the communal service housing settings which is based on identifying, assessing, supporting and improving clients' social functional abilities and wellbeing as part of providing comprehensive service provision. They engage in dialogic and informative forums with colleagues on issues regarding development of social rehabilitation and well-being as part of the service provision process and exercise directive expertise in coordinating activities to ensure and enforce the implementation of pre-planned service processes.

The implementation of the expertise of the social instructor in this settings is fairly recent, hence social instructors create awareness by engaging in seminars pertaining to the work of the social instructor.

### **Medication care**

The educational background of the social instructor and organizational service processes determines their involvement in medication care. The social instructor perceives medication care and its use to be a crucial aspect of caring and utilize medications and medically related measures/devices for preventative purposes to sustain client health. They are familiar with the process of medication care and the regulations surrounding the use of medication in caring. As part of the work process, expertise is practically implemented in dispensing and administering of medication in adherence with medication plans and procedures of the working unit.

As professionals focused on the social aspects of the care process, the fundamental perspective to the use of medication in caring is guided by the understanding that medication is not intended to be used as solutions to all behavioral challenges rather it is necessary to implement and investigate other non-medical techniques for providing solutions to behavioral challenges.

### 5.2.2 Multiprofessional teamwork

The service process requires an interlinked collaboration with individuals of diverse professional disciplines to comprehensively access client service needs and understand the entity of the client situation. The diverse disciplines including medical doctor, registered nurses, practical nurses, physiotherapist, occupational therapist, head nurse and in some cases includes the social worker. Collaboration and functioning as part of the multiprofessional team consists of discussions on direct client care and service planning, implementation and evaluation in client meetings as well as exchanging observations, constant dialogue and consultations regarding the service provided together with the diverse disciplines in the team. In other words communication is an essential expertise to the social instructor in multiprofessional teamwork, as it constitutes a great part of the multidisciplinary collaboration between the social instructor and other professionals in the team.

The social instructor understands the benefits of multiprofessional teamwork in providing client services and endeavors to utilize the expertise of the diverse disciplines in the service process. Collegiality is highly valued by the social instructor which is apparent in understanding the expertise of the various professional groups in the immediate team and soliciting their professional perspectives in issues and situations directly related to their competence areas in the various aspects of client functional capacities.

*"pitää tietää myös että mitä kukin ammattinosaaja tekee ja osaa mitkä on sen ammattin osaajan vähän niinku vahvuusalueet että sä tiedät ottaa oikeeseen ihmiseen yhteyttä kun sä mietiti sitä ihmisen kokonaisvaltaista arkea"*

*"sosiaaliohjaaja on osa sitä työyhteisön tiimiä ja yhtälailla pystyy arvioimaan sitä asiakasta hänen toimintakykyä palvelutarvetta kuin tavallaan kukaan tahansa muukin siellä ryhmäkodissa ja se että ehkä semmosta niinku tavallaan jollain lailla sitä specifimpaa tietoa"*

The social instructor as part of the multiprofessional team functions to provide an alternative perspective to viewing the client whilst enriching the perspectives of other members of the team through open support, communication, interaction and guidance in client meetings or other such avenues. This perspective injects that viewing clients as an entity entails visualization and recognition of issues influencing physical, psychological and so-

cial aspects without substituting an aspect for the other; hence the necessity for recognition and proper utilization of the various professionals embodying these various aspects.

*”ihminen/asiakas on fyysis, psyykkis, sosiaalinen kokonaisuus siihen ei riitä se että sitä kattoo yhden ammatti alan silmiin tai yhdestä näkökulmasta vaan siihen tarvitaan enemmän ihmisiä ainakin jos haluaa saada joku tavallaan kokonaistilanteen kokonaistilanteesta”*

*”sosiaalihjaajan tavallaankin pitäisi olla osa moniammattillista tiimiä ja kyllähän se itse siellä tuo esiin se näkökulma että on myös muita ajateltava kun vaan se että ihmisellä on joku sairaus taikka vamma tai toimintakyvyn alenema tai joku vastaava”*

Collaboration with family members is an essential part of the service process as they provide necessary background knowledge of the client. The social instructor is in direct contact with client's family members for relaying information to and from regarding client's social needs and issues influencing social wellbeing.

Client's ability to function independently is co-related to using the appropriate assistive devices at the appropriate time. Social instructor understands the role of assistive devices to client's functional capacity and are able to assist, guide and support clients in the use of these devices. As the work of the social instructor surrounds close interaction, functioning and supporting of clients in their home environments, they are able to assess and identify the need for various assistive devices and are able to consult with the necessary professionals for further evaluation and procuring to ensure that the clients have the necessary assistive devices to promote independent functional capacity in their living environments.

As part of multiprofessional teamwork, the social instructors utilize their expertise in organizing and implementing themed communal events for clients in cooperation with the therapeutic team which includes social instructors, physiotherapist, occupational therapist and other instructors.

### **Care negotiation meeting**

As part of the multiprofessional team collaboration, social instructors exert expertise in the process of care negotiation. Care negotiation meeting is a part of the service process

in form of client meeting forum for planning individual client service process from a multidisciplinary perspective including registered nurse, practical nurse, physiotherapist, occupational therapist, social instructor, client, family members and consultation with the medical doctor, social worker and other service providers where necessary. The role of the social instructor in this client meeting is contributive, informative and investigative and involves informing client and family members of service payment plans, available services from both internal and external sources and possibilities of more client tailored activities. As part of this process, the social instructor utilizes expertise in client assessment and service planning to gather information on client's service needs, life history, interests, and provides own professional perspective on how the identified areas can be tailored for utilization and implementation in the service process.

*“osallistuin hoitoneuvotteluihin niin siinä tietysti osallistuin siihen tavallaan hoidon suunnitteluun”*

*”hoitoneuvottelussa kuunnellaan ja keskustellaan asiakkaan tai asukkaan taustoista ja kiinnostuksen kohteesta elämänhistoriasta ja niiden mukaan pyrin ohjaamaan heitä eri ryhmiin ja niin että he olisi osallisia, eli ainakin niin mä pyrin ehkäisemään sitä syrjäytymistä ja että se olisi niinkuin tasavertaisia”*

*“hoitoneuvotelee ulkopuoleltakin ja yhteistyötä lääkärin ja omien sairaanhoitajien kanssa, lähihoitajien kanssa, fysioterapeutin, sosiaalityöntekijän ja toiminterapeutin kanssa”*

### **Service system and service providers**

Understanding the service systems is a fundamental competence to the social instructor in these settings as this professional is responsible for supervising the interests of the clients in issues pertaining to social wellbeing, financial benefits and other available services. Expertise is implemented in certain work processes including assessing client functional capacity to determine the need for updating certain social benefits and assessing to ensure client is provided with all due rights and service possibilities. Social instructors stands on behalf of the client to safeguard their possibilities for a stable livelihood and balanced cultural experiences by ensuring that they have access to necessary benefits, entitlements, rights and allowances at appropriate times from the various external service providers. Therefore, it is essential that they constant develops their knowledge on the service systems and are abreast of service related legislative, organizational and other changes/guidelines and how they affect service culture/process.

Awareness of essential services and possible collaborative partners is a crucial expertise of the social instructor as he/she utilizes these networks to guarantee service comprehensiveness. The social instructor is in contact with various service providers to ensure that clients are still able to engage and participate in cultural/social recreational outings.

### **(Kela) Social Insurance Institution**

Social instructors exert expertise in co-operating with this service provider to ensure that clients are availed of the necessary pensioners' allowances and other benefits at the appropriate levels.

### **Client payment unit**

Social instructors are familiar with the service payment plans and organizational guidelines and collaborates with the necessary individuals in these units to ensure that service payments and all necessary contracts are functional and updated accordingly.

### **Disability and social service unit**

Social instructors implement professional expertise in collaboration with the regional disability and social service unit in providing clients with benefits such as travel support and other personal assistances. The professional familiarizes themselves with the various entitlements and constantly collaborate with the unit in benefit related clearances and application procedures, and are responsible for utilizing this collaboration to provide clients with information concerning these benefits and assist them in application processes and in the capitalization of these benefits.

### **Regional social service and local unit**

Competence in social service system is further implemented by the social instructor through understanding the role and expertise of the regional social service and local unit in the service provision process. Expertise in this area is exerted in recognizing the need for and implementing consultation and collaboration with regional social instructors or social workers on issues relating to their areas of expertise in matters regarding clients' financial support, external services and other official dictums.

### **Legal aid office**

Collaboration with legal aid office is essential while providing services for individuals with progressive memory disorders. Understanding the role of the legal aid office and which services are available for these group of clients is a crucial expertise of the social instruc-

tor. They supervise client financial handlings to determine client need for legal guardianship services in order to safeguard client's assets and funds, and are in contact with client's legal guardian in issues regarding service provided for/on behalf of the clients.

### 5.2.3 Communality and development

The expertise of the social instructor in this area stems from providing services in a service culture focused on improving client wellbeing and emphasizing on the social aspects of daily living. Social instructors exert expertise in developing communality in the work settings by planning and implementing communal and social activities, and improving homeliness in the communal housing settings.

The professional understands and respects the individual diversities present in the client group and incorporates them in organizing and implementing diverse communal activities for the clients in a matter that brings about client participation and inclusion in the absence of discrimination. Diversities in client group including disabilities, cultural affiliations, beliefs, personal interests and reasoning. In other words social instructors exert expertise in recognizing and utilizing diversity. Facilitating the understanding and utilization of diversity in client interests and cultures necessitates knowledge update on issues regarding past cultures/history from client information, engagement in both direct and indirect communication with clients, client's family members, colleagues, other care professionals and research protocols.

*“Jotenkin koitetaan molemmat ymmärtää toisemme koska me tuullaan erivuositikymmeniltä ja se vaikuttaa meidän ajatteluun, meidän toimintaan, meidän käsityksiin ja kaikeen”*

Social instructors exhibit expertise in developing communality in communal housing settings by acknowledging the lapse in client's understanding of current organizational culture due to memory disorders. They strive to accustom clients to their home environments by organizing and implementing communal activities that creates room for homely feeling and safety in client's own home environments within the restraints of the organizational culture. They encourage other professionals in the living environments to engage with clients in communal activities such as themed celebrations and communal functioning by emphasizing the need for communal spirit and link to wellbeing at work.

Social instructors regard development expertise in the communal housing settings as related to identifying, suggesting and implementing constructive development ideas or processes for improving quality of service and basic service processes. Expertise is implemented in developing communality in processes such as client communal dining for generally improving interactive skills, supporting individual resources, and motoric skills to prolong independency in daily activities and creating a safe homely atmosphere in various client encounters. Social instructors encourage homely atmosphere by involving clients, requesting client opinions, adhering to client suggestions and respecting client opinion on issues regarding their home environments.

*“näkyä myös mun mielestä sillä tavalla että me mennään sinne asiakkaiden kotiin ja me annetaan heidän olla siellä sillä tavalla kuin he olisivat kotona että me ollaan heidän vieraita siellä ja se tarkoittaa sitä että se asiakas on siellä se päähenkilö”*

Networking fuels the expertise of the social instructor and provides a means for gaining access to guides and techniques for developing communality through social activities. Social instructors exert expertise in critically analyzing theoretically and empirically documented communal activity techniques to decipher their relevance to their immediate client group in these environments and implement based on that for the development of client wellbeing.

*“noihin ryhmätoimintoihin enemmän siis jotain tutkittu että oisiko johonkin liittyen esim. toimintakykyyn että tämä parantaa toimintakykyä huomattavasti tai kyllä niitä tavallaan noteran ja mietii että sopiisko se omaan työyhteisöön, voisko niistä olla hyötyä että on ehkä vähän semmonen kriittinen etten mä muutos vastan ihminen ole mutta semmonen kriitisyys koska sen tavallan tiedostaa että johonkin ryhmäkotiin ei vaan sovi kaikki menetelmät tai tutkitut asiat”*

#### 5.2.4 Ethics and interaction

The various stages of memory and other cognitive disorders influences client's sensitivity and vulnerability, hence the need for certain types of expertise in encountering and interacting with clients. The social instructor emphasizes sensitivity, caring, understanding, and empathy which engineers the effort to act in the best interest of the clients stemming

from their professional competence perspective. They encounter and interact with client on a human to human level showing compassion, respect and patience through listening not commandeering and without prejudice.

*“jos menen kohtaamaan asiakkaan en mene sinne ehkä niinkään sosiaaliohjaajana tai geronomina vaan menen sinne ihmisenä niinkun ihminen ihmiselle”*

*”kohdataan niin että sitä kuunnella ja ymmärettään siitä pääsee paljon pidemmälle kun niin että mennään hirveesti tai liian semmonen ammattimaisella ja kyllä mä tiedän nä asiat paremmin asenteella sinne tilanteeseen. ”*

*”pitää kohdata se asiakas tasaarvoisesti sama arvoisena kun on niinku itse ja osata asetautua sen ihmisen asemaan ja vaikka sen kohtaakin työntekijänä kuitenkin kohtaa sen sillälailla niinkun vertaisena ja pitää osata kuunnella, se kuuntelu on siinä kaikesta tärkeintä”*

Expertise in client encounter and interaction provides a gateway for comprehending challenging client situations and is implemented in dialogical and reflective observational interaction with clients and their family members that provides a deeper understanding of clients even in the absence of verbal communication, and relays the presence and attentiveness of the social instructor. The professional exercises expertise in understanding of the nature of communication pertinent to individual clients in individual situations, and further utilizes their expertise in embodying, developing and implementing creative interactive techniques for use in client encounters.

*”Luovat keinot ja toiminnot pitäisi olla takataskussa, muistissa kyllä siinä pääsee aika pitkälle että koska jos ehkä vaikka sitä puhetta ei ole niin pitää keksii jotain muuta, muita tapoja.”*

Social instructors understand objectivity and equality treatment in client encounter to be the gateway for building a trusting client relationship both with the client and the family members. They perceive clients as individuals capable of self-determination and autonomy; hence implementing their expertise by supporting and encouraging client decisions/opinions in varying client situations. In the absence of verbal communication, social instructors are able to gather information portraying client's opinion from family members, client information database or other possible means ensuring that service provided is from a customer-oriented perspective directly or indirectly.



*”huomasiin mitenkä tärkeä se kohtaaminen on että tavallaan pyritään kohtaamaan kaikki ihmiset jotenkin niinku tasa-arvoisina eikä niinku tavallaan jollain ennakoasenteella tai sillälailla niinku tuomiten vaan herkkästi”*

*”se on hirvittävän tärkeä kunnioittaa niitä asiakkaan mieleipiteita ja tuntemuksia vaikka ne ei vältämättä aina ihan järjellisiä oliskään. Koska muistisairaat elää kuitenkin niin hirvittävän paljon sen tunteen pohjalta. Elikä tässä sitten yrität sanoa että ne asiakkaat joi-  
kaiseen yksilöllisesti anetaan toteuttaa jos siihen viittää että kykyenee sitten toteutta-  
maan joko tietty asiat itse että sitä annetaan yksilöllisesti tehdä niitä asiat.”*

During the process of service provision, professionals encounter challenging situations that are ethically contrary to client's interest and personal values resulting from organizational strategy constraints or other affiliations. Social instructors exercise expertise in reflective and analytic dialogue with colleagues to provide necessary balance and objective measures for resolving challenging client situations; of which in most cases the resolution of such issues results in third party consultations, or involvement of bureaucratic channels or trustees.

The expertise of these professionals were reflected in the implementation and comprehension of how educational competences, relevant information and experiences are applicable to service processes in practical tasks throughout the service provision processes.

## 6 Discussion

The individual interviews further revealed that although certain competences were valued as being essential to the work of the social instructor in the communal service housing settings, they didn't appear to be of much importance in the work settings rather certain expertise gained from implementing work processes were valued to be influential for providing meaningful experience for future professional use.

### 6.1 Ethical considerations

Essential ethical considerations in a research process is governed by principles regarding confidentiality, anonymity and data interpretation (Lichtman 2012). The researcher understands the need for safeguarding the privacy of the study participants. Therefore, the researcher has ensured that data collected from the interviews are handled with confidentiality ensuring and safeguarding the anonymity of the study participants. Data collection, handling, processing and analysis in this study has been performed in adherence with the Finnish Personal Data Act which insists on protecting the integrity and personal data of research participants at all stages of the research process. Data collected in interviews was handled anonymously and in confidentiality to secure the identities of the interviewees. Data collected through interviews are used only for the purpose of this study.

Participation in the study was voluntary for both the organization and individuals. The research plan was provided to the participating organization and individual participants were informed of the study objectives, protocols and participatory requirements. The execution of the study includes confidential information between participating organization and participants and required consent from both parties. Organizational consent was acquired in form of research permit from Helsinki city social and health department, while documented informed consent was required from individual participants.

The interviewer ensured that no harm comes to the participants during the interview process. Interviews were conducted virtually using audio recordings which provided neutrality and participant friendly interview environment for interviewees to feel relaxed and provide information without coercion.

An essential ethical consideration in the study process involves data interpretation which is intended to be void of misstatements, misinterpretations and fraudulence (Lichtman 2012). In the process of data collection, the interviews conducted in the study will also be conducted in Finnish to ensure that language is not a barrier to obtaining the information needed from the participants. In order to facilitate data interpretations, participants are requested to ask for clarifications during the interviews to ensure that the interview questions and answers are properly understood and vice versa. The final stage of data collection included the group interview which served in form of interactive forum that provided interpretive confirmation to the data gained individual interviews.

## 6.2 Validity and Reliability

According to Golafshani (2003) validity and reliability in qualitative research refers to the trustworthiness, rigor and quality of the study. The quality of a study is said to be proven by its ability to provide understanding to a perplexing concept in this case the concept being the expertise of the social instructor in the communal housing settings of the comprehensive service centre. In other words, the quality of the study is proven as the study succeeded in providing answers to the study objective.

The qualitative approach to this study can be likened to a constructivism perspective in which data including interaction with individual participants to form a deeper understanding of opinions and perspectives on a particular subject can be influenced by social constructions and thereby subject to change. In other to contradict this factor, triangulation in the use of multiple methods for data collection provides more validity and reliability to the study.

Noble et al. (2015) claims validity in qualitative research can be influenced by bias in personal experiences and perceptions. In order to eliminate bias it is essential to identify these perceptions and how they could possibly influence the study results. It is essential to note that although the interviewer has a considerable experience on the subject matter, however, the interviewer's role in the individual interviewing process was that of an absent observant. Personal experiences were provided only in the group interviews which was implemented in form of dialogical forum and these has been documented in the discussion of the study outcomes. Only data gathered from individual interviews were permissible in the study results as the study in question was intended to gain information

from the participants through interviews about individual perceptions on the subject matter. Therefore, only the information received from the interviewees has been reported in the study results.

Golafshani (2003) argued that triangulation as a strategy in qualitative research improves validity and reliability of research findings as it strengthens the study by combining methods and eliminates bias. The study embodies triangulation by utilizing various data collection methods all within the qualitative perspective to arrive at a collective reality. The survey and individual/group interview methods applied in this study is considered as valid approaches to qualitative research as it provides deeper understanding of the subject of study and therefore relevant in providing answers to the study questions. The group interview implemented in the study serves as a means for confirming the interpretation of individual interview analysis and utilizes multiple perceptions to confirm a single reality as the method of implementation discussed perceptions and opinions proposed by participants in individual interviews.

Noble et al. (2015) inferred that consistency in qualitative research attributes to reliability and trustworthiness of the study results. Consistency in this sense refers to the possibility of similar studies providing similar results. The possibility to produce similar results from a repeated study is reasonably likely as the study include professionals from similar educative background and the organizational work processes of similar case settings are relatively uniform which reflects the reliability of this study. On the other hand the process of this study included a rather small sample of participants and consisted of participants' personal opinions on professional expertise and implementations which may attribute to the result of the study and increase the possibility of attaining varying results from a wider range of participants. However, the study is not intent on generalizing but rather providing a model framework for identifying the expertise of specific professionals and aid in the utilization of the resources available in specific service provision settings. The framework provided by this study can also be applicable for use for similar purposes by other similar settings.

### 6.3 Social instructor in the service provision process

The figure below (Fig. 2) visualizes the areas of expertise implementation in a flow throughout the service provision process. Social instructors function in certain perspective as a process manager in the immediate service process by engaging in preparatory

clearances and procedures with all necessary collaborative partners and family members for the orienting client into the service settings and through the service process.



**Figure 2: The social instructor in the service provision process (communal service housing settings)**

They conduct basic investigative clearances relating to service and finance payments, available funds/allowances and other benefits which is implemented by gathering information during the beginning of the care relationship before the client arrives in the new home, gathering useful care/background information from the relatives, implementing these information in the various care processes and to finalizing the process at the end of the client relationship. These professionals understand the need for proper investigation of client situations, its role in the service process and ensure that all information are

properly recorded and documented in the various client information database according to organizational procedures.

This study process identified a rather broad expertise of the social instructor in these settings, identified challenges to implementation of expertise, and also suggested practical solutions on how expertise can be further utilized. Challenges to expertise utilization was majorly attributed to limited awareness regarding the depth of expertise.

The final stage of this thesis was implemented in form of a group discussion that addressed issues influencing maximization of the expertise in an interactive forum. 4 of 6 participants participated in the group interview. The structure of the interview was based on issues identified in the individual interviews which included utilization of expertise in dementia work, multiprofessional collaboration, job responsibilities, social rehabilitation process, service expertise, interactive techniques and preparation procedures.

The social instructor's knowledge of gerontology combined with knowledge of service systems, daily close interaction and encounter with clients attributes to expertise in assessing client needs, service quality, creating a comprehensive care and service plan in collaboration with other multidisciplinary professionals. However, participants recognized that this expertise isn't properly implemented in these settings.

The elderly care service sector has been undergoing recent changes regarding service provision legislations, safety requirements and the implementation of gerontological social work in these settings of which have indirect influences on the implementation of professional expertise in various areas. This study serves as a framework for understanding the expertise of the social instructors, how they are implemented and can be further utilized for providing comprehensive elderly care services in these settings.

The social instructor's expertise in dementia includes specific knowledge on encountering and interacting with clients living with dementia and other memory related illnesses whilst considering the impact of these illnesses on clients in the immediate service process. This expertise can be further implemented in building a trusting care relationship in all encounters and interactions with client and their family members, and also in directing group activities.

An essential part of the service provided includes developing the care and service plan utilizing the input of the diverse disciplines in the work community. However, social instructors in these settings identified that this collaboration was lacking in terms of utilizing the expertise of the social instructor. The social instructor embodies quite a broad range of expertise on providing services in these settings, but they are not entitled to cover all the responsibilities in these environments. Participants considered it important to the service process to be able to utilize the expertise of the various professionals in the multiprofessional team, hence the need for developing the collaboration of the professionals in the multiprofessional team.

The introduction of social instructors to an already established multiprofessional team in the service provision process of the communal service housing settings and the deficiency in knowledge of the expertise of the social instructor creates room for unexploited expertise and inhibits the utilization of the social instructor's expertise in essential service processes.

Developing the consistence and regularity of client meeting as part of the service process was proposed to be a practical measure for improving multiprofessional collaboration and tapping into the expertise of the diverse professionals in the collaborating team. Client meeting being a multiprofessional forum for deliberating on issues regarding client care should consist of more dialogical interactions that recognizes and implements the perspective of the social instructor in client care, service planning and evaluation. The client meeting is implemented systematically with pre-determined target points to ensure efficiency.

Professionals in the multiprofessional team access the expertise of the social instructor in the understanding that activities enhancing social participation are as equally essential as other physical activities of daily living and contribute to providing comprehensive wellbeing. Inequalities in recognition of all wellbeing aspects affect the balance in overall client wellbeing and available resources in the multiprofessional team.

Enhancing the social wellbeing of clients is being considered one of the fundamental responsibilities of the social instructor in these settings. In relation to this, social instructors were involved in a developmental pilot study that focuses on creating and implementing social rehabilitation plans for clients. The social rehabilitation plan uses a quality evaluation program to map client intellectual, social and psychosocial aspects in need of

sustenance or development. The framework of the social rehabilitation plan aligns client's individual needs, interests, life history and aspirations to functional/cognitive capacity; and by so doing supports functional/cognitive capacity through diverse measures for achieving tangible and obtainable targets. The plan was intended to provide a deeper understanding of the indicated aspects and is to be used as an insight for the client's responsible nurses and provide the social instructor's perspective for the care and service plan.

Social instructor regarded this process as a systematically compact measure for influencing social wellbeing whilst practically implementing professional expertise. However, the induction and continuation of the process was challenged by internal structural changes and the absence of leadership support. On the other hand, the orientation and execution was considered to be rather complex and vague. Participants insisted that the process needed renewals to include concentration on identifying specific key focus and structural implementations. The piloting of the social rehabilitation plan provides visibility to the expertise of the social instructors and practically motivates professionals to develop their professional expertise in such a manner that benefits clients' social wellbeing, as well as provide an avenue for professionals to be involved in developing own expertise implementation; hence the need for adopting and developing similar processes in these settings.

As part of implementing social rehabilitation in gerontological social work, social instructors organize and implement goal-oriented functional stimuli and rehabilitative group activities for clients with memory-related and other cognitive disorders. In order for this process to be implemented efficiently, the social instructor requires client group specific expertise and knowledge of interactive techniques and ideas of which could be acquired through collaboration and networking forums with specialized service providers and organizations. Collaboration with like specialized service organizations provides empirically derived practical techniques that serves as an idea bank of possibilities that can be exploited for improving service efficiency in practice and simultaneously developing expertise. The absence of these critical issues influences the maximization of professional expertise.

In like manner the degree programme for the Socionom and the elderly care professional should emphasize more on practical implementation of the service system and collaboration with the social insurance institution to further prepare the future employees for utilizing service system competences in practical settings. Also the degree programmes



should incorporate the inclusion of specific practical tools and techniques for encountering and interacting with tailored groups of clients in the service process. However, professionals recognize that client interaction is equally influenced by individual persona and certain competences in client interaction and encounter cannot be taught but rather developed in practice.

The preparation and planning process of social rehabilitative goal-oriented activities was considered to be a factor hindering utilization of expertise. This study process identified that effective utilization of expertise in organizing and implementing goal-oriented functional activities is co-related to the preparation in the planning process. The planning of these activities are considered to require precise preparation and considerations in order to harness the expertise and provide depth to the activities. The planning process is essential in this case as professionals must individually consider the participating clients and their diverse capabilities, and in like manner tailor activities to provide individual value according to client need and capabilities.

In other words the preparation and planning of these activities greatly influences the depth of the activities. As these activities are intended to function as part of client's daily routine, it is essential that the diverse professionals collaborating in the work team be committed to contributing to providing a fluent flow in client's daily routine. The use of visible scheduling procedures and daily interaction with the other professionals in the service provision team are necessary to ensure that they are aware of client daily schedules and ensure that clients partake in social rehabilitative activities.

The social instructor develops their expertise by constantly reflecting on the professional activities implemented and analyzing their need for developing own expertise through educational upgrade and engaging in opportunities to develop expertise implementation.

*“mä kokoajan arvion omaa toimintani ja osaamistani ja tietysti kehitän itseäni ja ammatitaitoani osallistumalla koulutuksiin jotka koskee mun työtä, kun mä pidän ryhmätoimintaa tai ohjaan asukkaita niin toki mä arvioin koko ajan sitä työtä ja mietin että miten mitä voisi kehittää ja myöskin silleen että etsin tietoa ja just tä koulutuksiin osallistuminen niistähän sitä sitten tietämystä saa.”*

Knowledge and evolution of the social service system, client service availabilities, network of collaborative service providers constitute an integral expertise to the social in-

structors in the communal service housing settings. Constant evolution and developments in the general service system requires constant training and update of individual knowledge of the social service system and related service processes; hence the essentiality for focus on updating trainings that provide client group tailored information on service process evolutions and implementations in collaboration with service providers from basic educational level to personnel levels.

According to Randall (2013) networking is envisioned as the future in service provision as they embody a structure for exchanging and sharing collective knowledge, developing expertise and impacting change. The process of this thesis identified the need for developing internal interactive service networks amongst colleagues and with external collaborative service providers as a systematical approach to developing professional expertise and simultaneously influencing service efficiency. However, the process of implementing such an outspread network requires further investigation and development. Internal networking on the other hand amongst colleagues should be encouraged through regular collaborative meetings.

Benchmarking in social services was regarded as an issue of rising importance and attributes to developing professional expertise. Participants expressed interest in understanding how gerontological social work in service provision are organized and implemented globally in similar settings and how ideas/ideologies can be adopted to influence development in these areas.

#### 6.4 Conclusions

This thesis utilized multiple data collection techniques to provide a qualitative approach to mapping the expertise of the social instructor whilst linking educational competences to implementation in specific service provision settings. The educational background of the social instructor provides unlimited resources and competence possibilities, hence the need for a broad-minded utilization of acquired expertise.

The expertise of social instructor in the communal service housing settings was the area of focus in this thesis as it is an area that is still being remodeled and repackaged as part of providing comprehensive social gerontological services for clients in these settings. The expertise of the social instructor in these settings is a continuously growing and developing area. Growth is evident in the planning and utilization of this expertise to

develop and pilot further measures of providing elderly care services in the communal service housing settings.

The responsibility of the social instructor in the communal service housing settings reflects the utilization of expertise. Expertise implementation is at its minimum when the resources of the social instructors' are diverted to expendable tasks and maximized when personnel resources are focused on integral tasks surrounding professional expertise.

In order to provide uniformity in the implementation of the social instructor's expertise, all individuals in the team should be collectively aware of the extensiveness of their expertise. Participants suggested that the utilization of the expertise of the social instructor would be more regulated if they are single handedly supervised by a single manager in the working unit instead of several.

This thesis embodies mapping and documenting the practical implementation of the expertise of the social instructors in the work process of the social instructor in the communal service housing settings of the comprehensive service centre. The inclusion of the professionals under study in the thesis process was advantageous to growing and utilizing expertise, and aids in grounding changes related to expertise development. The continuous implementation of these work processes in practice develops and solidifies the expertise of the social instructor.

The disparity of the ratio of service professionals to the constant rising service demands in health care and social services particularly services for clients with complex illnesses calls for an efficient appropriation of professional resources and constant expertise development. As the service provision systems are developed and re-organized, identifying and utilizing available professional expertise is essential to efficiently appropriate resources to catering to the vast service needs and simultaneously provide value for the service users.

## 7 References

Auvinen Pekka, Heikkilä Johanna, Ilola Hanna Kallioinen Outi, Luopajarvi Timo, Raij Katarina and Roslöf Janne, Suositus tutkintojen kansallisen viitekehyksen (NQF) ja Tutkintojen yhteisten kompetenssien soveltamisesta ammattikorkeakouluissa, 2010, ARENE Ammattikorkeakoulujen rehtorineuvosto

ETENE-julkaisuja 35, Etiikan Tila Sosiaali- J Terveysalalla, 2012, Sosiaali- ja terveysministeriö [www.etene.fi/Julkaisut](http://www.etene.fi/Julkaisut)

Golafshani Nahid, 2003, p 597-607, Understanding reliability and validity in qualitative research, The Qualitative report, Volume 8, Number 4, University of Toronto, Canada  
<http://www.nova.edu/ssss/QR/QR8-4/golafshani.pdf>  
Assessed 20.7.2015

Helsingin kaupunki, ikäntyneet, ikääntyneet helsinkiläiset, 2015  
<http://www.hel.fi/www/Helsinki/fi/kaupunki-ja-hallinto/tietoa-helsingista/tilastot-ja-tutkimukset/vaesto/ikaantuneet/>

Helsingin sosiaali- ja terveysviraston strategiasuunnitelma vuosille 2014-2016  
[http://www.hel.fi/static/sote/julkaisut/Sote\\_strategiasuunnitelma2014\\_2016.pdf](http://www.hel.fi/static/sote/julkaisut/Sote_strategiasuunnitelma2014_2016.pdf)

Higher education  
<https://opintopolku.fi/wp2/en/higher-education/polytechnics-universities-of-applied-sciences/fields-of-polytechnics-uas/social-services-health-and-sports/>

Honkavaara Annika, 2009, p.19 Moniammatillisella yhteistyöllä kohti asiakkaan osallisuutta ikääntyneen kotiinkuntoutuksessa, Theseus-Metropolian opinnäytetyöt, Metropolia Ammattikorkeakoulu.  
<https://publications.theseus.fi/handle/10024/7822>  
<http://urn.fi/URN:NBN:fi:amk-201002152209>  
Accessed 23.12.2013

Kaartinen Laura, 2011, Osaamista kehittämään – periaatteita ja menetelmiä osaamisen ylläpitoon ja lisäämiseen, Oiva-Akatemia, Suomen Kuntaliitto.

Koskinen Simo, 2006, Gerontologinen sosiaalityö osana moniammatillista vanhustyötä, Ajankohtaista asiaa ikäihmisten toimintakyvyn ja palvelutarpeen arvioinnista.

Koskinen Simo, 2006, Ikäihmisen voimavarojen ja toimintakyvyn tukeminen, Esitelmä Vanhustyön koulutuksen kehittämisminnaarissa

Kostiainen Tuula, 2009, p. 59 Osaamisen kehittämisen neljä tilaa, Osaamiskeskuksen interventio sosiaalityöhön, Akateeminen väitöskirja, Tampereen yliopisto  
<http://tampub.uta.fi/bitstream/handle/10024/66527/978-951-44-7813-0.pdf?sequence=1>

Kurppa Anne, 2012, p.11- Sosiaaliohjaaja sosiaalityöntekijän työparina lastensuojelun avohuollossa, Theseus-Metropolian opinnäytetyöt, Metropolia Ammattikorkeakoulu.  
<http://urn.fi/URN:NBN:fi:amk-2012122120243>  
<http://www.theseus.fi/handle/10024/53310>

Accessed 23.12.2013

Laki ikääntyneen väestön toimintakyvyn tukemisesta sekä iäkkäiden sosiaali- ja terveyspalveluista.

[http://finlex.fi/fi/laki/ajantasa/2012/20120980?search\[type\]=pika&search\[pika\]=vanhus\\*](http://finlex.fi/fi/laki/ajantasa/2012/20120980?search[type]=pika&search[pika]=vanhus*)

Accessed 29.5.2014

Lichtman V. Marilyn, 2012, Ethical Issues in qualitative research, Qualitative research in education, a user's guide, Sage publications

[http://uk.sagepub.com/sites/default/files/upm-binaries/27011\\_4.pdf](http://uk.sagepub.com/sites/default/files/upm-binaries/27011_4.pdf)

Accessed 20.7.2015

Liikanen Hanna-Liisa & Susanna Kaisala, 2007, Gerontologisen sosiaalityön menetelmistä, Pääkaupunkiseudun sosiaalialan osaamiskeskus SOCCA, Heikki Waris – instituutti

Lähteinen Sanna, 2006, Social work education in Finland, Sosnet.

<http://www.sosnet.fi/In-English/Undergraduate-Studies/Social-work-education-in-Finland> Accessed 26.9.2014

Medina Aila Vallejo, Vanhustyön koulutusohjelman kompetenssit, Degree Programme in elderly care, Seinäjoki University of Applied Sciences, school of Health Care and Social Work

Mikkola Maija, 2012, Geronomin toimenkuva elä ja asu-seniorikesuksen ympärivuorokautisessa hoivassa, Metropolia Ammattikorkeakoulu

Noble Helen and Smith Joanna, 2015, Issues of validity and reliability in qualitative research, Evid based nurs 2015 volume 18, number 2, p.34-35, BMJ innovations  
<http://ebn.bmj.com/content/18/2/34.full.pdf+html>

Assessed 20.7.2015

Personal Data Act, 523/1999, Chapter 4: Processing of personal data for special purposes, Section 14: Research.

[www.tietosuoja.fi](http://www.tietosuoja.fi) Accessed 24.7.2014

Randall Susannah, 2013, Leading networks in healthcare, learning about what works – the theory and the practice, the health foundation.

<http://www.health.org.uk/sites/default/files/LeadingNetworksInHealthcare.pdf>

Accessed 19.7.2015

Sarvimäki Pirjo, Siltaniemi Aki, 2007, Sosiaalihuollon ammatillisen henkilöstön tehtävä-rakennesuositus, Sosiaali- ja terveysministeriö, Helsinki

Sivonen Sirpa, Pouru Laura, 2014, p. 21- Competence foresight in local government services, Final report, KT Local government employers, Helsinki

Socca, 2007, Gerontologisen sosiaalityön pioneerit kentalla, Soccan ja Heikki Waris instituuttiin julkaisusarja nro 12, 2007

Social Welfare Act 710/1982, Ministry of Social Affairs and Health Finland

<http://www.finlex.fi/en/laki/kaannokset/1982/en19820710.pdf> Accessed 30.10.2014

Sosiaaliohjaaja, 2014, TE-palvelut, Työ- ja elinkeinoministeriö

[http://www.ammattinetti.fi/ammattit/detail/291\\_ammatti?link=true](http://www.ammattinetti.fi/ammattit/detail/291_ammatti?link=true)

Sosiaali- ja terveysministeriö, Helsinki 2013, Laatusuositus hyvän ikääntymisen turvaamiseksi ja palvelujen parantamiseksi, Kuntaliitto.

[http://www.stm.fi/c/document\\_library/get\\_file?folderId=6511564&name=DLFE-26915.pdf](http://www.stm.fi/c/document_library/get_file?folderId=6511564&name=DLFE-26915.pdf)

Sosiaali- ja terveysviraston tiedotustilaisuus, 2014, Palvelut uudistuvat  
[http://www.hel.fi/static/sote/tiedotteet/medialle/Palvelut\\_uudistuvat\\_tiedotustilaisuus\\_290814.pdf](http://www.hel.fi/static/sote/tiedotteet/medialle/Palvelut_uudistuvat_tiedotustilaisuus_290814.pdf)

Sosiaali- ja terveysviraston toimintakertomus, 2013, Helsingin Kaupunki, Sosiaali- ja terveysvirasto. [http://www.hel.fi/static/sote/virasto/sote\\_toiminta\\_2013.pdf](http://www.hel.fi/static/sote/virasto/sote_toiminta_2013.pdf)

Työ- ja elinkeinoministeriö, 2015, Fysioterapeutti  
[http://www.ammattinetti.fi/ammattit/detail/15/3/253\\_ammatti](http://www.ammattinetti.fi/ammattit/detail/15/3/253_ammatti)

Työ- ja elinkeinoministeriö, 2015, Lahihoitaja, vanhustyö  
[http://www.ammattinetti.fi/ammattit/detail/239\\_ammatti](http://www.ammattinetti.fi/ammattit/detail/239_ammatti) Accessed 26.1.2015

Työ- ja elinkeinoministeriö, 2015, Sairaanhoitaja  
[http://www.ammattinetti.fi/ammattit/detail/15/3/217\\_ammatti](http://www.ammattinetti.fi/ammattit/detail/15/3/217_ammatti)  
Accessed 26.1.2015

Työ- ja elinkeinoministeriö, 2015, Toimintaterapeutti  
[http://www.ammattinetti.fi/ammattit/detail/15/3/257\\_ammatti](http://www.ammattinetti.fi/ammattit/detail/15/3/257_ammatti)

Ylinen Satu, 2008, Gerontologinen sosiaalityö, Tiedonmudostus ja asiantuntijuus, Väitöskirja, Sosiaalityön ja sosiaalipedagogikan laitos, Kuopion yliopisto

## Appendixes

### Appendix 1: Letter of consent form in English

Dear participant,

I am conducting a study on developing the expertise of social instructors in the comprehensive service centre. The aim of this study is to identify and describe the professional expertise of social instructors in gerontological social work in a Helsinki city owned comprehensive service centre. The study also aims at uncovering need for and proposing ideas for developing the duties of the social instructor. The study will be implemented in a Helsinki city owned comprehensive service centre where the social instructors has functioned as part of the multiprofessional team in implementing gerontological social work. Data collection will be conducted in stages using survey- and interview methods. The first stage maps competences through online surveys, the second stage is implemented by individual interviews (n=6) and the final stage by group interviews for development idea creation.

This study is conducted as a Health Business Management Master's degree thesis by Gift Iwuchukwu under the supervision of Antti Niemi PhD, principal lecturer in Metropolia University of Applied Science. All materials collected by interview will be utilized only for this research purpose and materials will be handled anonymously and confidentially. Participation consent is done in written form by responding to the online survey through the link below according to educational background. The survey is to be filled by two weeks from receiving the letter.

Geronomi: <https://elomake.metropolia.fi/lomakkeet/11219/lomake.html>

Sosionomi: <https://elomake.metropolia.fi/lomakkeet/12549/lomake.html>

If you decide to participate in the study by responding to the survey, I will be contacting you to schedule the interview. You can get more information concerning this study by contacting me through the email mentioned below. I will be delighted to answer your questions concerning the study. Thank you for your possible participation!

#### Participant Agreement

The undersigned has voluntarily agreed to participate in the research interview for this study. The participants understand the following pertaining to the interviews:

- Competence mapping is part of data collection process
- Interviews (individual- and group interviews) will consist of about 1,5hours semi-structured interviews which will be taped.
- Audio-tapes and transcripts from the interviews will be stored confidentially and only with the researcher.
- Study participants have the right to withdraw from the study at any given time. Withdrawal from the study is to be done in writing and sent to [REDACTED] as soon as possible.

Best Regards,  
 Gift Iwuchukwu  
 Metropolia University of Applied Science  
 Master's Degree in Health Business Management  
 (Geronomi YAMK)  
 [REDACTED]



## Appendix 1/2: Suostumuskirje Suomeksi

Hyvää osallistujia,

Toteutan tutkimusta sosiaaliohjaajan osaamisen kehittämiseksi monipuolisessa palvelukesuksessa.

Tutkimusten tarkoitus on kuvata ja kartoittaa sosiaaliohjaajan osaamista gerontologiassa sosiaalityössä yhdessä Helsingin kaupungin monipuolisen palvelukeskuksen kanssa. Lisäksi tutkimuksen tavoitteena on tuoda esille tarpeita sekä ehdotuksia sosiaaliohjaajan tehtävien kehittämiseksi. Tutkimus toteutetaan Helsingin kaupungin palveluyksikössä, jossa sosiaaliohjaaja on toiminut gerontologisessa sosiaalityössä osana moniammatillista tiimiä. Tutkimuksen aineisto kerätään vaiheittain kysely- ja haastattelumenetelmiä käyttäen. Aineisto kerätään kolmessa vaiheessa. Ensimmäisessä vaiheessa kartoitetaan kompetenssi nettikyselyn avulla, toinen vaihe suoritetaan henkilökohtaisina haastatteluina (n=6) ja viimeisessä vaiheessa järjestetään kohderyhmähaastattelu kehittämisideointia varten.

Tämän ylemmän ammattikorkeakoulututkinnon opinnäytetyön ohjaajana toimii Metropolian ammattikorkeakoulun yliopettaja (ma.) Antti Niemi. Kaikki haastatteluissa kerätyt materiaalit käytetään ainoastaan tutkimuksen tarkoituksiin ja materiaalit käsitellään nimettömästi ja luottamuksellisesti. Suostumus osallistua tutkimukseen tehdään kirjallisesti vastaamalla nettikyselyyn alla oleva linkin kautta koulutusohjelman mukaisesti. Kysely on täytettävissä kaksi viikkoa kirjeen saapumisesta.

Geronomi: <https://elomake.metropolia.fi/lomakkeet/11219/lomake.html>

Sosionomi: <https://elomake.metropolia.fi/lomakkeet/12549/lomake.html>

Mikäili suostut osallistumaan tutkimukseen vastaamalla kyselyyn otan sinuun yhteyttä haastattelun järjestämiseksi. Lisätietoja tutkimuksesta saat ottamalla minuun yhteyttä alla olevan sähköpostin kautta. Vastaan mielelläni kysymyksiisi koskien tutkimustani. Kiitos mahdollisesta osallistumisesta!

### Tutkimussopimus

Allekirjoittanut on vapaaehtoisesti suostunut osallistumaan tutkimukseen. Osallistujat ymmärtävät seuraavat asiat haastatteluun liittyen:

- Kysely on osana aineistokeruu prosessi
- Haastattelut koostuvat n. 1,5tunnin puoli-strukturoiduista haastatteluista, jotka nauhoitetaan.
- Kerätty haastattelu -ja tutkimusaineisto säilytetään luottamuksellisesti ja on vain opinnäytetyön tekijällä.
- Osallistujalla on oikeus vetäytyä osallistumisestaan tutkimukseen milloin tahansa. Tutkimuksesta vetäytyminen tulisi tehdä kirjallisesti ja lähettää tutkijan sähköpostiosoitteeseen [REDACTED] niin pian kun mahdollista.

Ystävällisin terveisin,

Gift Iwuchukwu

Metropolian ylempi ammattikorkeakoulu

Master's Degree in Health Business Management

(Geronomi YAMK)

[REDACTED]

## Appendix 2: Descriptive competence of the Elderly Care Professional (SEAMK)

<b>Subject specific competences</b> <b>Degree programme in Elderly Care</b>	<b>Description of the competence area</b> <b>Bachelor of Social Services and Health Care</b>
<b>Promotion of health, functional capacity and social participation of elderly citizens</b>	<ul style="list-style-type: none"> <li>▪ knows how to analyze and support elderly clients' wellbeing, functional capacity, health and social participation throughout the ageing process</li> <li>▪ is able to anticipate and prevent social exclusion and dysfunction</li> <li>▪ knows how to promote the aims elderly citizens, their families and the community have regarding health and wellbeing</li> </ul>
<b>Client work in elderly services</b>	<ul style="list-style-type: none"> <li>▪ has basic skills in preventive, curative and rehabilitative elderly care</li> <li>▪ knows how to integrate and apply gerontological and geriatric knowledge and knowledge and interventions used in the health and social sector</li> <li>▪ is able to establish a helping and caring relationship with the elderly clients and their families with the specific aim to promote the clients' functional capacity and independence</li> <li>▪ knows how to assess the coping and functional capacity of elderly clients and how to plan and implement services for chronically sick and socially disadvantaged elderly people</li> <li>▪ is familiar with the special problems in elderly clients' drug care and can participate in drug care in accordance with the unit's drug care plan and relevant permissions</li> <li>▪ knows how to assess service needs and how to provide and develop individual service pathways and support networks to promote elderly clients' health, functional capacity and social participation</li> <li>▪ is able to provide private elderly care services</li> </ul>
<b>Dementia work</b>	<ul style="list-style-type: none"> <li>▪ has know-how in the reach-out activities and prevention of dementia illnesses</li> <li>▪ knows how to plan and provide services for demented clients to facilitate their living at home and to support their families</li> <li>▪ can plan and develop the care of demented elderly clients in dementia units</li> <li>▪ knows how to apply creativity and activating methods in the rehabilitative care of demented clients</li> <li>▪ is able to assess the quality of dementia care and services</li> </ul>
<b>Gerontechnology</b>	<ul style="list-style-type: none"> <li>▪ is able to assess elderly clients' need for assistive aids in daily activities and is able to counsel the clients in their use</li> <li>▪ knows how to assess the functionality of elderly clients' living environment and discovers needs for technical equipment</li> <li>▪ is able to apply information technology and gerontechnology</li> </ul>
<b>Ethics in elderly care</b>	<ul style="list-style-type: none"> <li>▪ respects elderly clients and co-actors as unique, developing individuals and focuses on their resources</li> <li>▪ is able to evaluate and reflect on their own activity in light of the value foundation of elderly care and seeks to retain her or his personal ethical sensitivity</li> <li>▪ is aware of the ethical problems entailed by gerontechnology and of her or his responsibility in their reduction</li> <li>▪ wants to ensure that the rights and choices of elderly clients and their families are guaranteed as defined by norms and official guidelines</li> <li>▪ appreciates her or his colleagues and multi-professional collaboration</li> </ul>

<b>Interaction in elderly care and services</b>	<ul style="list-style-type: none"> <li>▪ is able to establish a helping and caring relationship based on listening and interaction with the elderly client</li> <li>▪ is aware of the otherness of fellow human beings and is capable of acceptance, dialogue and reflection in interaction</li> <li>▪ knows how to interact with elderly clients of varying health and functional capacity and with their families</li> </ul>
<b>Cultural awareness</b>	<ul style="list-style-type: none"> <li>▪ is aware of the clients' background and is able to provide services in harmony with their cultural identity and living circumstances</li> <li>▪ knows how to analyze organizational cultures and how to promote wellbeing in elderly people's communities and service units</li> <li>▪ is familiar with the language and culture in the health and social services and is able to work with flexibility in various sectors of elderly care</li> <li>▪ constantly develops her or his cultural awareness</li> </ul>
<b>Teaching and counselling</b>	<ul style="list-style-type: none"> <li>▪ motivates and supports the self-direction of elderly clients and supervises groups of elderly clients individually, according to pre-set aims</li> <li>▪ has basic knowledge of the counselling and learning of adults and aged clients</li> <li>▪ has a variety of skills required in teaching and counselling elderly clients</li> </ul>
<b>Project work</b>	<ul style="list-style-type: none"> <li>▪ is able to identify development needs in the practice of elderly care and to launch feasible, carefully defined projects</li> <li>▪ is familiar with sources of funding and knows how to use them to develop elderly care</li> <li>▪ knows how to work independently and responsibly in various roles in projects and is able to make use of collaboration networks</li> <li>▪ knows how to evaluate projects and to report on their findings and applicability</li> </ul>
<b>Multiprofessional collaboration in elderly care</b>	<ul style="list-style-type: none"> <li>▪ benefits society by multi-disciplinary competence in elderly care</li> <li>▪ applies the multi-professional and community-oriented approach adopted during the studies</li> <li>▪ is able to work in multi-professional teams with responsibility, while appreciating and developing shared expertise</li> </ul>
<b>Organization and management in elderly care</b>	<ul style="list-style-type: none"> <li>▪ knows how to organize, supervise, manage and develop elderly care services in the public, private and third sector</li> <li>▪ when working in management, promotes the work community's awareness of the primary function and future development of elderly care</li> <li>▪ is able to set well-defined aims, to prioritize and to motivate staff to achieve the aims</li> <li>▪ contributes to the creation of a positive working atmosphere</li> <li>▪ guides the staff towards collaboration, growth and change and promotes the sharing of expertise in networks of elderly care services</li> <li>▪ knows how to apply central quality management tools in the development of elderly care services</li> </ul>
<b>Research and development of elderly care</b>	<ul style="list-style-type: none"> <li>▪ applies multi-disciplinary knowledge in the development of elderly care</li> <li>▪ knows how to develop evidence-based practice while applying a client and organization –oriented approach</li> <li>▪ is aware of the potential of multi-professional collaboration and networking in the production of knowledge and in the development of elderly care</li> </ul>
<b>Societal competence in elderly care</b>	<ul style="list-style-type: none"> <li>▪ is aware of her or his responsibility in the creation of a positive view of elderly people and seeks to promote positive elderly policy</li> <li>▪ is familiar with the structures and service delivery systems in society and knows how to influence them</li> <li>▪ knows the central acts, decrees, elderly policy programmes and labour regulations</li> <li>▪ is able to contribute to the elderly political strategies in municipalities</li> <li>▪ identifies and actively monitors local, national and global phenomena and processes, which may influence elderly citizens' position and the conditions of elderly care in society</li> <li>▪ contributes to public debate on the life quality and services provided for elderly citizens and seeks to develop the service provision</li> </ul>

## Appendix 2/2: Descriptive competence of the Socionom

(STM: Sarvimäki & Siltaniemi 2007:71-72)

<b>Subject specific competences Degree programme in Social Work</b>	<b>Description of the competence area Bachelor of Social Services</b>
<b>Ethical competence in social work</b>	<ul style="list-style-type: none"> <li>▪ Bachelor of Social Services has adopted the values and ethical principles of the field and is committed to implement them in practice</li> <li>▪ Bachelor of Social Services is capable of the ethical reflection required in professions within social services</li> <li>▪ Bachelor of Social Services is able to take the clients' individual needs into consideration and to work in situations which involve conflicting values</li> <li>▪ Bachelor of Social Services promotes equality and tolerance and strives to prevent marginalization at social, community and individual level</li> </ul>
<b>Competence in client work</b>	<ul style="list-style-type: none"> <li>▪ Bachelor of Social Services is able to identify the importance of his or her own values and conception of the nature of human beings for the work with clients and client groups</li> <li>▪ Bachelor of Social Services is capable of creating an interactive professional relationship with clients that supports the client participation</li> <li>▪ Bachelor of Social Services understands the clients' needs and knows how to support and strengthen the clients' own resources in different conditions and at different stages of growth and development</li> <li>▪ Bachelor of Social Services is capable of applying and assessing a variety of theoretical approaches to work and working methods in client work</li> <li>▪ Bachelor of Social Services supports and guides different clients and client groups in their everyday life</li> <li>▪ Bachelor of Social Services knows how to evaluate and describe the different stages of the client process and to develop his or her work based on the results</li> </ul>
<b>Competence in service systems</b>	<ul style="list-style-type: none"> <li>▪ Bachelor of Social Services knows the service systems which support welfare and social security and the relevant legislation and data systems and how to apply legislation and data systems in practice</li> <li>▪ Bachelor of Social Services knows how to predict and analyze changes in the welfare services and is able to participate in producing and developing the services</li> <li>▪ Bachelor of Social Services is capable of assessing the clients' needs for services in different conditions and is familiar with case management and the methods of preventive work</li> <li>▪ Bachelor of Social Services can act as an expert in social services in multidisciplinary teams and net-works and promote the function of clients' safety nets</li> </ul>
<b>Critical analysis and participation enhancement</b>	<ul style="list-style-type: none"> <li>▪ Bachelor of Social Services knows the service systems which support welfare and social security and the relevant legislation and data systems and how to apply legislation and data systems in practice</li> <li>▪ Bachelor of Social Services knows how to predict and analyze changes in the welfare services and is able to participate in producing and developing the services</li> <li>▪ Bachelor of Social Services is capable of assessing the clients' needs for services in different conditions and is familiar with case management and the methods of preventive work</li> <li>▪ Bachelor of Social Services can act as an expert in social services in multidisciplinary teams and net-works and promote the function of clients' safety nets</li> </ul>
<b>Competence in research and development</b>	<ul style="list-style-type: none"> <li>▪ Bachelor of Social Services has adopted a reflective, exploratory and developing approach to work</li> <li>▪ Bachelor of Social Services has evidence-based theoretical knowledge and is able to produce new knowledge</li> <li>▪ Bachelor of Social Services knows how to plan, implement, evaluate and report development projects in the field of social services</li> </ul>

<b>Competence in management</b>	<ul style="list-style-type: none"><li>▪ <i>Bachelor of Social Services knows the basic principles of financial and personnel administration</i></li><li>▪ <i>Bachelor of Social Services is capable of working as an immediate superior in a work community</i></li><li>▪ <i>Bachelor of Social Services can develop professional expertise, work communities and service processes</i></li><li>▪ <i>Bachelor of Social Services is capable of making decisions in unpredictable operational environments</i></li><li>▪ <i>Bachelor of Social Services has the qualifications for working as an independent entrepreneur in the field</i></li></ul>
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## Appendix 3: Sosiaaliohjaajan tehtäväkuvaus

## TEHTÄVÄNKUVAUSLOMAKE

## LIITE 2

1

## TAUSTATIEDOT

<b>Tehtävän nimike/tehtäväryhmä</b> Sosiaaliohjaaja (hoito-osastolla)
<b>Henkilön nimi</b> Tehtävän edellyttämä koulutus Laki 272/2005 § 8: Soveltuva sosiaalialalle suuntaava sosiaali- ja terveysalan ammattikorkeakoulututkinto (esim. sosionomi AMK tai geronomi AMK) tai aikaisempi opistotasonen tutkinto (esim. sosiaaliohjaaja)
<b>Virasto/laitos</b> [Redacted] [Redacted]

## YLEISKUVAUS TEHTÄVÄSTÄ

Luettele ja kuvaile selkeästi työtehtävät tai keskeiset tehtäväalueet (enintään 5 kpl)	% työtehtävien kokonaisuudesta
1. Hoitotyön suunnittelu, toteuttaminen ja arviointi välittömässä yhteistyössä vanhuksen, hänen omaistensa ja yhteistyökumppaneiden kanssa <ul style="list-style-type: none"> <li>Sisältää sosiaalisten taitojen säilyttämisen sekä psyykkisen ja fyysisen hyvinvoinnin tukemisen</li> <li>Osaallistuminen lääkehoidon toteuttamiseen</li> </ul>	40%
2. Moniammatillinen yhteistyö	20%
3. Välillinen hoitotyö <ul style="list-style-type: none"> <li>esim. ATK-pohjainen dokumentointi, asioiden valmistelu, yhteistyöneuvottelut</li> </ul>	20%
4. Yhteisöllisyyden kehittäminen työyhteisössä <ul style="list-style-type: none"> <li>* Yhteisön toiminnan suunnittelu ja toteutus</li> <li>* Sosiaalisen toiminnan suunnittelu ja toteutus</li> <li>* Kodinomaisuuden ja yhteisöllisyyden lisääminen</li> </ul>	20%